

## Payment Authorization Form

Client (Payor):

Address:

Phone:

### Electronic Check\*

Name:

Address:

City:

State:

Zip:

Phone:

Fraction Number:

Bank Routing Number:

Client Bank Account Number:

Date:

Amount: \$

\* Please send a copy of your voided check

By Signing below you are authorizing A&T Dry Cleaners, Inc. to deposit this electronic check for the amount stated above

Authorized Signature: \_\_\_\_\_

### Credit Card Authorization

I, the undersigned, hereby authorize A&T Dry Cleaners to initiate debit entries from the following account identified below for a recurring payment. This authority will remain in effect until I give reasonable written notification to terminate this authorization.

Credit Card Type:



Credit Card #:

Exp Date:

Zip:

CC Verification Code (3-digit code on back of card):

Card Holder Signature: \_\_\_\_\_

I am a duly authorized signer on the account identified above, and authorize all of the above with my signature below.

Sign \_\_\_\_\_

Sign: \_\_\_\_\_

Name:

Name:

Date:

Date: