

Southern Auto Solutions
1495 Powers Ferry Rd., Ste 250
Marietta, GA. 30067
Phone: 770-541-9693

AUTHORIZATION FOR ACH TRANSACTION
PLEASE ATTACH A VOIDED CHECK TO THIS FORM

BANK INFORMATION - DEBIT

(Account Name/Customer Name) Amount \$ _____

(Name of Institution) (Address of Institution) (City, State, Zip)

(Routing/Transit Number) (Account Number)

☐ Checking
☐ Savings

BANK INFORMATION - CREDIT

The funds will be credited to: _____
(Account Name/Customer Name)

(Name of Institution) (Address of Institution) (City, State, Zip)

(Routing/Transit Number) (Account Number)

☐ Checking
☐ Savings

I/We will keep, at all time, in my/our savings/checking account enough funds to cover the transfers hereby authorized. If the balances in the saving/checking account are not sufficient to cover the transfers hereby authorized, then the bank may cancel this authorization at once without notice to depositors, and at that time, the bank may take any action necessary according to the rules and regulations of the bank regarding checking and savings accounts. This authorization for transfer may be canceled by written notice of any of the parties listed hereon. Any notice will be effective at once when the bank has been mailed or delivered the notice. When notice is given by any of the parties listed below, it will be effective immediately.

Starting Date: _____
(Please allow 7 -10 business days before start date)

Number of times to draft: _____
(999 = indefinite)

I hereby agree with and authorize the above:

(Signature of Debiting Customer)

(Date)

Office Use Only

Received by: _____

Date: _____