



Phone: 1-888-350-3771

Fax: 1-352-240-3809

ACH Debit Authorization Form

Date: _____ 20____

I, _____ GTI Account# _____
Bank Account holder's name

Authorize **GTI Technologies Inc** to charge my purchases and or Services provided to the banking information listed below.

Service Provided By Company Name: **GTI Technologies, Inc.**

Bank Account# _____ Routing# _____

Bank Name _____ Type of Account: ___ Business ___ Personal _____

Account Billing Address _____

Payment Amount \$ _____ Variable Amount []

Payment Terms: [] Recurring [] Single Monthly [] Bi-Weekly []

I hereby authorize the above named Business to Debit the Bank Account referenced herein, via the Automated Clearing House system. This authority will remain in effect until revoked in writing by the undersigned account holder. If the payment is returned for any reason I acknowledge that I am subject to a rejected item fee of \$35 or the maximum amount allowed by law.

Bank Account Holder Signature _____ Date: _____

Bank Account Owner as on Check (Please Print):

Bank Account Holder's Billing Address (Please Print):

Official use only

VERIFIED : _____ Attach void of check