

MAIL TO:
Fiscalsoft Corporation
1139 Tatesbrook Drive
Lexington, KY 40517-3029
(859) 273-9741

ACH COLLECTION/PREAUTHORIZED PAYMENT AUTHORIZATION AGREEMENT

New Agreement

Change Account

Cancel Agreement

PREAUTHORIZED PAYMENT/DEBIT AGREEMENT

I hereby authorize Fiscalsoft Corporation (Fiscalsoft) to initiate credit or debit entries to my account with the Financial Institution indicated below. This authority is to remain in full force and effect until Fiscalsoft has received written notification from me of its termination in such time and in such manner as to afford Fiscalsoft and the Financial Institution a reasonable opportunity to act on it. I understand this authorization is for bill payments to Fiscalsoft; and, if necessary, to make adjustments for any entries in error to my account indicated below.

Select One:

Checking Account

Savings Account

Financial Institution:

Name _____

Branch _____

City _____

State _____ Zip Code _____

Transit / ABA No. _____

Account No. _____

Customer:

Name _____

TIN/SSN _____

Date _____ **Signed** _____

Attach: **voided check** for checking accounts **OR savings deposit slip** for savings accounts

Form will not be processed without information below

Transit / ABA No.

Account No.