



**REMARKETING SOLUTIONS  
INTERNATIONAL**

## ACH Payment Authorization Form

We will debit your account electronically for your payment. Please complete the authorization form below and fax or email it to your Order Management Representative along with a copy of a voided check. We will take care of the rest.

I hereby authorize Remarketing Solutions International LLC, to debit my checking account indicated below and the bank designated below to debit the same to such account.

**Please include a copy of a voided check – Thank you!**

### Bank Information

<b>Bank Name:</b>	<b>Branch:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Transit/ABA#</b>		
<b>Account #</b>		
<b>Bank Account Title:</b>		

### Customer Information

<b>Customer Name:</b>		<b>Phone:</b>	
<b>Contact:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>

### Authorization

I agree that Remarketing Solutions Intl may accept a facsimile or email copy of my signature, which will be treated as an original and will be admissible as confirmation of your authorization to electronically debit my checking account for \$\_\_\_\_\_ on the date indicated below.

**Authorized Check Signers Signature:** \_\_\_\_\_

**Authorized Check Signers Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Authorizations are for this transaction only!**