



For Internal Use Only:

Date Received: _____ Approval: Y N
Date Processed: _____ Order #: _____
Sign off by: _____ Rep: _____

APPLICATION FOR E-Check / ACH Processing

Business Legal Name:

Doing Business As (DBA):

- Corporation, In State of _____
- Proprietorship
- LTD Partnership
- Partnership

Physical Address:

Street City State Zip Code Country

Phone

Fax

PERMISSION TO AUTHORIZE ELECTRONIC PAYMENT (ACH / E-CHECK):

I authorize MkMx Computer Solutions to initiate either an electronic debit or to create and process a demand draft against my bank account on or after _____ for the amount of \$ _____

I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law. My account information is as follows:

Bank Information:

Bank ABA Number: _____

Bank Account Number _____

Bank Account Type: Business Checking Checking Savings

Authorized Signature

Dated

Authorized Signer - Printed Name