

# ACH Bank Collection Information

Please Select:  **Monthly Recurring:** Payment will process on the 15th of each month for amount due.

**Customer Information** Billing Acct # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

## Bank Information

ACCT TYPE:  Checking  Saving

Routing # \_\_\_\_\_  
(must be 9 digits)

Account # \_\_\_\_\_

I (we) authorize Platinum Connect to charge my bank account. For monthly recurring payments, this authority is to remain in full force and effect until Platinum Connect receives written notification from me (or either of us) of its termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE ATTACH A VOIDED CHECK WITH THIS FORM.**