



# ACH Bank Debit/Credit Card Authorization Form

(Please fill electronically or print legibly)

Information of Applus' Oregon DEQ Too Customer
Business Name:
Business Address:
Primary Contact:
Primary Telephone:
Primary Email Address:

Please enter the financial information of your preferred payment method below

Customer Banking Information (must include voided check or bank letter for verification)
Financial Institution Name:
Transit ABA / ACH Routing Number (checking account only):
Name on Account:
Account Number:
Customer Credit Card Information
Credit Card Type (VISA, MasterCard, or Discover only):
Name (as appears on card):
Credit Card Number:
Expiration Date (mm/yyyy):
CVV:
Address (if different from address above):

Customer understands either the checking account or credit card populated above will be automatically debited each month. Applus will initiate the charge on the 25th day of the month. If the 25th falls on a non-business day the charge will be initiated on the closest business day after the 25th. It may take anywhere from 1-5 business days (or longer) for the funds to leave the Customer's account after the charge has been initiated depending on the Customer's financial institution. In the event there are insufficient funds in the account or the charge otherwise rejects, there will be an email sent to the email address listed above informing the Customer of the payment rejection, and it will notify the Customer that a second attempt will be made to collect the original fee in addition to a \$50 payment rejection fee. If the payment rejects again Applus may, in its own discretion, disable the Customer's account, and a second \$50 rejection fee will be applied to the account along with any unbilled testing fees that occurred prior to account disablement. Customers must pay the account balance in full before the device will be enabled again.

I hereby authorize the financial institution of Applus Technologies, Inc. to initiate debit and, if necessary, credit entries to the referenced Customer's account at the Customer's Financial Institution named above.

<b>Authorized Signature on Account:</b>	<b>Date:</b>
---	--------------

Please inform your financial institution that you are authorizing Applus Technologies, Inc. to debit your account. Thank you for your business!

**Please fax the completed form along with verification document to:  
312-676-3838**