

**ASM AUTHORIZATION FORM**  
**ELECTRONIC FUNDS TRANSFER**  
**AUTHORIZATION AGREEMENT**

Company Name:	<b>CHAMPIONS SQUARE GARAGE</b>
<p>I hereby authorize <b>CHAMPION SQUARE GARAGE</b> to initiate DEBIT entries and to initiate, if necessary, CREDIT entries and adjustments for any DEBIT entries in error to my <i>(select one)</i>  <input type="checkbox"/> <b>Checking</b> or <input type="checkbox"/> <b>Savings</b> account at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account.</p> <p>I acknowledge that the origination of ACH transactions from my account must comply with the provisions of U. S. law.</p>	
Depository Financial Institution Name:	
Routing #:	
Account #:	
Dollar Amount	
<p><b>IMPORTANT:</b> Attach a VOIDED check (voided deposit slip for savings account) or copy of banking information for the above referenced account to this form.</p>	
<p>This authorization is to remain in full force and effect until <b>CHAMPIONS SQUARE GARAGE</b> has received written notification from me of its termination by the twentieth of the month for the next month's payment.</p>	
Customer Name	
Street Address	(Please Print.)
City State Zip Code	
Signature	
Date	