Eves Broadcasting Inc.

ACH Authorization Form

Sign and complete this form to authorize Eves Broadcasting Inc. to make a one-time or recurring debit to your credit card listed below. By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date.

Bank Account Information

Name: _____

Billing Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Payment Terms (Select One)
[ ] One-Time Charge
Authorize a one-time charge of $_____ on or after [Date: _____]

[ ] Recurring Charges
Authorize recurring charges of $_____ to be processed on the _____ day of each _____[Week / Month / Quarter] for _____[Number of Months / Until Canceled].

Bank Account Information
Card Type: [ ] Visa | [ ] MasterCard | [ ] American Express | [ ] Discover

Bank Account Holder Name_____

Bank Routing Number: _____

Bank Account Number: _____

Authorization & Signature

I authorize Eves Broadcasting Inc. to charge the Bank Account indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described as _____. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.

Cardholder Signature: _____

Date: _____

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