



CUSTOMER ACH AUTHORIZATION FORM

**This information is confidential. This form will only be kept by MX Logic Finance Department.
Please complete and fax to 720.228.2359 or email to billing@mxlogic.com**

**Please tab to fill in applicable information.*

CUSTOMER NAME: _____

PHONE # _____ (example: 3038912425)

CUSTOMER ID: _____

NAME OF THE BANKING INSTITUTION: _____

ABA ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

CHECK ONE OR BOTH IF APPLICABLE:

MONTHLY RECURRING ON BILLED CHARGES

ONE -TIME CHARGE AMOUNT: US \$ _____

AUTHORIZATION SIGNATURE: _____ DATE: _____

PRINT NAME: _____

For MX Logic, Inc. Office Use Only: CUSTOMER ACCOUNT NUMBER _____

Order Processed By: _____ Salesperson: _____

COMMENTS: _____