



ANY CARD, ANY USE

ACH AUTHORIZATION

CARD INTEGRATORS CORPORATION
DBA: CI SOLUTIONS

Customer Name:

Customer No.

Address:

Bank Name:

Bank Address:

Account Number:

Check Number:

Check Amount: \$

Invoice or Sales Order Number:

Total Amount: \$

(Must include sales tax if applicable and shipping)

Person authorizing use of ACH transfer (please provide a copy of your check):

Name:

Title:

Signature:

Date:

By signing you are authorizing CI Solutions to keep your credit card or BANK information on file to be used for future payments. If you do not want your bank information kept on file, please contact us at accounting@cardintegrators.com

Phone Number:

Email:

*******PLEASE FAX FORM TO 562-493-2714*******