

Payment Authorization Form
ACH - Clients

For Client / Principal / Other – Personal or Business

Name, Bond #, Quote ID or Invoice # to pay:

Pay Amount: \$

Exact Name on Checking Account:

Bank Name:

Checking Account Number:

Routing Number – 9 digits:

Attach a check copy for verification

I (we) hereby authorize Integrity Surety LLC to initiate debit entry to the Checking account indicated above. I understand the charge may initiate on the date signed, or after. I (we) acknowledge that the origination of ACH transaction(s) to my (our) account must comply with the provisions of the U.S. Law.

I (we) understand that Integrity Surety LLC will assess a \$35.00 fee for each returned payment.

Name:

Signature:

Date

Wire Fraud Warning: Please be careful. Should you have any questions or want to verify our info, please call our office. Our phone number can be found and verified on our letterhead, application forms, our website, or email footers.

Attach a check copy here for verification