FreedomWare, LLC Authorization Agreement for One-Time ACH Debit

I _____ (Company/Individual name) hereby authorize FreedomWare, LLC to initiate a one time debit entry in the amount of $_____ for invoice number_____and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

Financial Institution Name: _____

ABA/Routing Number: _____

Account Number: _____

Type of Account: Checking: _____   Savings: _____

Company Name: _____

Print Individual Name: _____

Signature: _____

Date: _____

Phone Number: _____

Fax this completed form to: 417.624.1231 or 347.823.8761
You may also email as attachment to info@freedomware.net