



AUTHORIZATION AGREEMENT FOR  
AUTOMATIC MONTHLY FINANCIAL ACCOUNT  
DEBITS

Please be sure you complete all 5 steps

**STEP 1: Access One Account Information**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Access One Account Number (as shown on invoice): \_\_\_\_\_

Main Telephone Number: ( \_\_\_ ) \_\_\_ - \_\_\_\_

**STEP 2: Financial Account Information**

Name of Depository Financial Institution (Bank Name)		
DFI's (Bank) Routing No.	Type of Account	Checking
		Savings
Bank Acct. No. to Debit	Address (where statement is mailed)	
Name of Authorizing Party (Please Print)	No./Street:	
	City:	
Signature of Authorizing Party	State	Zip

**STEP 3: Customer's Authorization and Acknowledgment of Terms**

I hereby authorize Access One, Inc. to make withdrawals on a monthly basis from the account & Depository Financial Institution (hereinafter referred to as DFI) identified above and authorize the DFI to accept these debits as payments of my Access One invoices. Adjusting entries to correct errors are also authorized. I acknowledge receipt of services from Access One. It is agreed that these debits and adjustments may be made electronically and under the rules of the National Automated Clearing House Association (NACHA). This authorization will remain in effect until written notice of termination is given to Access One and confirmation of such receipt is received by the undersigned. I acknowledge receipt of a filled in copy of this authorization. I agree that the total amount due to Access One will be debited to the above account unless specified otherwise.

**STEP 4: Authorization Signature(s)**

Signature of Customer(s)\*: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\*The duly authorized representative of the customer has signed this agreement. The representative is also a signatory on the above referenced financial account.

**STEP 5: Mailing/Faxing information. When this form is completed please fax, e-mail or mail to:**

**Fax number:**  
888-744-0512

**E-mail Address:**  
[billing@accessoneinc.com](mailto:billing@accessoneinc.com)

**Mailing address:**  
Access One, Inc. – A R  
820 W Jackson, Ste 650  
Chicago, IL 60607