



ACH Authorization Form

This form **MUST** be accompanied by a **Printed Voided Check or Bank Letter**

Add Delete Change

Company: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Funds Settlement Information

Bank Name: _____
Account Owner: _____
Account Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Routing # (9 digits) _____
Account # _____

Frequency: Monthly Quarterly

_____ (hereinafter referred to as Customer) authorizes Pivotal Systems, LLC, or its designated assignee (hereinafter referred to as Pivotal Systems), to initiate ACH transfer entries and to credit and/or debit the account identified herein for First Call for Support services. This authorization shall remain in effect unless and until Pivotal Systems has received written notification from Customer that this authorization has been terminated in a timely manner as to allow Pivotal Systems to act. Undersigned represents and warrants to Pivotal Systems that the person executing this Release is an authorized signatory on the Account referenced above and all information regarding the Account and Account Owner is true and correct.

_____/ /
Account Owner Signature Date

Print Name and Title

ATTACH PRE-PRINTED VOIDED CHECK
OR
BANK LETTER

Please return to:
Pivotal Systems c/o Sheila Mueller
7230 Metro Blvd., Edina, MN 55439

952-844-0773
sheila@pivotalsystems.com