# Burr Business Service

**402-477-3822**
**1655 South 25th Street** **Fax: 1-866-344-3032**
**Lincoln, NE 68502** **burrbusiness@windstream.net**

## Credit Authorization

(Single account only)

I (we) hereby authorize _____ hereinafter called COMPANY, to initiate credit entries for (Application) to my (our) account indicated below and the financial institution name below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

_____ _____
(Financial Institution Name) (Branch)

_____
(Address) (City/State) (Zip)

_____ _____ Type of Acct: _____Checking _____ Savings
(Routing Number) (Account Number)

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____ _____
(Printed Individual Name) (Company)

_____ _____
(Signature) (Date)

_____
(Email address)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**