

# Burr Business Service

1655 South 25<sup>th</sup> Street  
Lincoln, NE 68502

402-477-3822  
Fax: 1-866-344-3032  
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**