



5240 Roswell Road NE  
Marietta, GA 30062

# ACH Electronic Payment Authorization Form

Please complete this form and return it by mail.

Name: \_\_\_\_\_  
(as it appears on account)

Account/Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Payment Amount \_\_\_\_\_

For recurring payments, indicate Frequency and Start/End dates below.

Frequency:  Once       Weekly       Monthly       Quarterly  
Start Date (mm/dd/yyyy): \_\_\_\_\_ End Date (mm/dd/yyyy): \_\_\_\_\_  End Date TBD

*You may cancel a recurring payment at any time by contacting us.*

Complete this section for bank transfer:

ACH Account Info:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Bank Name:	_____	
Routing Number:	_____	
Account Number:	_____	

\_\_\_\_\_  
signature

I authorize Ciudad de Ángeles to bill initiate an electronic debit/draft on my bank account.

Please add my email to your eNews list.