



EASY PAY ENROLLMENT

Processing Info

I (we) hereby authorize Dallmann Systems, Inc., hereinafter called COMPANY, to initiate debit entries for (Application) to my (our) account indicated below and the financial institution names 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 provisions of US law. 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.

PLEASE PRINT

For Credit Card Payments

Company/Your Name: _____

Person Authorizing: _____

Credit Card Type: _____

Issuing Bank: _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Billing Address: _____

City: _____

State: _____

Zip Code: _____

For checking/Savings Account Payments

Name on Account: _____

Person Authorizing: _____

Account Type: _____

Name of Bank: _____

Account Number: _____

Routing Number: _____

Receipt Requested: YES NO

Method: Fax _____

 Mail _____

 Email _____

Please return to: Dallmann Systems Inc.
 1247 Bridgeport Drive
 Jeffersonville, IN 47130