



POS Solutions, Touch System & Bar-Coding

**Bank and Credit Card Authorization payment Form**

Customer Name: \_\_\_\_\_ Cust. No: \_\_\_\_\_

Phone Number \_\_\_\_\_

**Payment Type:** Bank Withdraw

**Bank Info:**

Name of the Bank: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**>>> Please faxes or e-mail us copy of a canceled Check. <<<**

This payment is for:

One time Charge: \$ \_\_\_\_\_ Monthly Service: \$ \_\_\_\_\_ Other transaction: \$ \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a convenience to me, you are hereby authorized, directed and empowered to pay and charge to my account by **Scan Q** Corporation and payable to it. I agree that your rights regarding each such draft shall be the same as if it were a payment and signed personally by me. Their authority is to remain in effect until revoked by me or **Scan Q** and until you actually receive such notice.

I agree you shall be fully protected in honoring any draft.

I further agree that if any such Draft be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever.

\_\_\_\_\_  
Printed name of account holder

\_\_\_\_\_  
Signature of account holder

\_\_\_\_\_  
Date