



Please fill out and fax back to 281-240-0455 or Toll-Free at (877) 335-1080 or email to operations@ameripower.com for further processing.

I (we) hereby authorize AmeriPower, LLC to initiate ACH debit entries to my (our) Checking Account indicated below for payments owed to AmeriPower, LLC. This authorization is to remain in full force and effect until AmeriPower, LLC receives written notification from me (us) of the termination and has reasonable opportunity to act upon it.

This is a change to an existing Authorization

ACH Authorization Form	
Effective Date of Change	
Name on Checking Account:	
Bank Name:	
City/State/Zip:	
Transit Routing Number:	
Bank Account Number:	
Billing City, State Zip:	
AmeriPower Customer Information:	
AmeriPower Customer Name:	
AmeriPower Account No(s):	

Customer Signature:	Title:
Printed Name:	Date:
Customer Signature 2 (if joint acct):	Title:
Printed Name:	Date:
Email Address:	Phone No:

For assistance in completing the EFT information above, contact AmeriPower at (281) 240-0405

*****PLEASE INCLUDE A COPY OF VOIDED CHECK*****

www.AmeriPower.com