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### ACH AUTHORIZATION FORM

***Please fax to (585) 697-0665 Do Not Email Banking Information***

**Company Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, \_\_\_\_\_, authorize CCPlus Inc. to initiate an ACH for the following:

**Amount to be charged:** \_\_\_\_\_ **Invoice# (if applicable)** \_\_\_\_\_

**Frequency of approval (circle one):** One time invoice noted above / Monthly Contracts / Annual Contracts

#### Banking Account Information

**Account Type:** Business Savings / Business Checking / Personal Savings / Personal Checking

(Please circle one)

**Last 4 Digits of Account:** \_\_\_\_\_

**Account Address:** \_\_\_\_\_

**City State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Name as it Appears on Account:** \_\_\_\_\_  
(Exact business or person name)

**Approval Signature:** \_\_\_\_\_

**Email Address for Receipt** \_\_\_\_\_

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**Content Below will be shred and not retained by CCPlus**

**Bank Account Number:** \_\_\_\_\_

**Bank Account Routing Number:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**Contract for Account:** \_\_\_\_\_

Please Note: All sales are final. No material is to be returned without written permission. All returned goods are subject to a 35% restocking fee. Our responsibility ceases when the goods have been given to the carrier / client. All equipment charges are non-refundable.