



1563 Hubbard Avenue, Batavia, Illinois 60510

Phone: 630-761-6753 Fax: 630-761-6851

epayments@parksite.com

ELECTRONIC ACH / EPAYMENT AUTHORIZATION FORM

As a duly authorized check signer on the financial institution account identified below, I hereby authorize Parksit Inc to initiate Debit entries to the account identified below for payments requested when applicable. This authorization is to remain in full effect until Parksit Inc has received written notification of its termination in such time and in such manner as to afford Parksit Inc and the financial institution listed below a reasonable opportunity to act on it.

I understand that because this is an electronic transaction, these funds may be withdrawn from my account. In the case of the payment being rejected for Non-Sufficient Funds (NSF) I understand and agree that Parksit Inc may charge an additional \$50.00 fee for each returned NSF. I will not dispute Parksit Inc billing with my bank so long as the transaction(s) correspond to my written, verbal or email subsequent authorization.

Please contact Parksit Inc with any account changes in writing. I understand and authorize all the above as evidenced by my signature below.

Company Name _____ Account Number _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax _____ Email _____

Print Name _____

Authorizing Signature _____ Date _____

Invoice(s)/Order Number(s) _____

_____ Total \$ _____

Financial Institution Information: Enter financial institution account information into the fields provided below and include a voided check.

Financial Institution:		
City:	State:	Zip Code:
9 Digit Bank Routing/ABA#:	Checking Account #	