

**EFT INVOICE AUTHORIZATION**

NAME \_\_\_\_\_

CLIENT NAME \_\_\_\_\_

DATE \_\_\_\_\_

I hereby authorize The Capitol Group to deduct the invoice amount from our corporate Account in order to pay for services.

Attached is a copy of a void check.

BANK \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

ROUTING/TRANSIT # \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

CLIENT SIGNATURE \_\_\_\_\_