INVOICE

Invoice No.	
Date	
Due Date	

BILL TO

Name

Address

Phone

Email

PAYMENT INFORMATION

Customer ID

PO Number

Method
Pre-Authorized Debit

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT

Subtotal	
Tax	
Total Due	

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

By signing this agreement, the Payor authorizes the Payee to debit the bank account indicated below for the purpose of collecting payments for goods and services. Debits may be processed as recurring or one-time payments as designated below. This authority is to remain in effect until the Payee has received written notification of its change or termination.

FINANCIAL INSTITUTION NAME

BRANCH ADDRESS

ROUTING TRANSIT NUMBER

INSTITUTION NUMBER

ACCOUNT NUMBER

PAD TYPE:

[ ] Personal PAD [ ] Business PAD

PAYMENT FREQUENCY:

[ ] One-Time [ ] Recurring (Monthly)

_____

Authorized Signature

_____

Date

_____

Print Name