



A.J. Blosenski, Inc. • P.O. Box 392 • Elverson, PA 19520 • 610-942-2707 • Fax: 610-942-2495 • www.ajblosenski.com

If you are interested in auto-pay, please fill out one of the following sections. Please mail this back to us or fax us at 610-942-2495. Once we receive the information, we will set your account up for auto-pay. Instead of receiving a bill, you will receive a letter letting you know the date your auto-pay will be pulled. If you have any questions please feel free to contact our office.

Thank You,
Accounts Receivables

Name: _____

Address: _____

Account #: _____

Please Check One

Authorization for Automatic Credit Card Payment

I hereby authorize A. J. Blosenski, Inc. to automatically charge our credit card account for all payments relating to the above referenced contract or agreement.

Name on Card: _____

Credit Card #: _____ Exp Date: _____

Authorized Signature: _____ Date: _____

Authorization Agreement for Direct Payments (ACH DEBITS)

I hereby authorize A.J. Blosenski, Inc., to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my Checking account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law.

Bank Name _____

Routing No. _____ Account No. _____

This authority is to remain in full force and effect until A.J. Blosenski, Inc. has received written notification from me of its termination in such time and in such manner- as to afford A.J. Blosenski, Inc. and DEPOSITORY a reasonable opportunity to act on it.

Signature _____ Date _____