



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 it to 484-228-8119. Once we receive the information, we will set your account up for auto pay. If you have any questions, please feel free to contact our office.

Thank You,
Accounts Receivable Department

Name: _____ Account# _____

Address: _____ Phone # _____

_____ E-mail _____

Please check one

Authorization for Automatic Credit Card Payment

I hereby authorize A. J. Blosenski, Inc. to automatically charge my 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 to my Checking Account indicated below and the depository financial institution named below, to debit the same such account. I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. Law.

Bank Name: _____

Routing #: _____ Account #: _____

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 the depository financial institution a reasonable opportunity to act on it.

Signature: _____ Date: _____