

## **Direct Debit Authorization Form**

If you wish to have your monthly invoice amount automatically debited from your company account, please complete the following. <u>Please allow up to one billing cycle to process your request</u> . You must continue to submit your payment until your invoice indicates that the amount due will be debited from your account.	
Indicate which of your group plans are adm	
Is this a bank account change?	es 🗌 No
Group Information	
Group Name:	Group ID:
Bank Account Information	(Must be a Checking Account)
Account Holder's Name (if different from above):	
Name of Bank:	
Bank Address:	
Bank Routing Number:	
Account Number:	
effect until I give written notice to CoPower, banking information that CoPower debits, I w month. In the event a debit is made to my ac	from the account identified above. I understand it remains in which I must do by the 25 <sup>th</sup> of the month. If I want to change the ill submit a new Direct Debit Authorization form by the 25 <sup>th</sup> of the count in error, I authorize CoPower to make a correcting entry to ents returned for insufficient funds or closed accounts, and

Signature:

Date:

(Must be signed by account holder to authorize debit)

To complete your authorization process, please return the completed form and voided check to CoPower via email to requests@copower.com or fax to 650-348-1149. For questions contact CoPower at 888-920-2322.

**Attach Voided Check** 

<u>Please note</u>: CoPower has the right to terminate this direct debit agreement at any time.

**CoPower** • 1600 W. Hillsdale Blvd., San Mateo, CA 94402 Phone: 888.920.2322 • Fax: 650.348.1149 • E-mail: requests@copower.com