



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 610-942-2495. 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 Receivables

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: \_\_\_\_\_