AAI Check Bank Authorization Form



E-check bank authorization form

The completion of this form is a one-time payment through E-check (Automated Clearing House). All information entered on this form will be kept strictly confidential. Please print out, complete this authorization and return it to the Finance Department email to: accounting@aviationairmotive.com.

By signing this form, you authorize Aviation Airmotive, Inc. to electronically debit your business bank account according to the terms outlined below which comply with United States law.

Company account information:						
Company name:						
Address:						
Telephone:						
Banking Name:						
Account type:		Checking \square Savings \square Consumer \square Business \square				
Routing Number:						
Account Number:						
Amount:				PO numb	er:	
Account holder information:						
Full Name:						
AUTHORIZATION:						
I AGREE TO PAY THE ABOVE AMOUNT ACCORDING TO THIS AUTHORIZATION						
Being the account holder of the aforementioned bank, by signing below I understand and						
agree to pay, and specifically authorize Aviation Airmotive, Inc. to charge the bank account						
indicated. I will be liable to pay an NSF fee of \$25.00, which may be automatically debited.						
This payment authorization is valid for a one-time transaction.						
Signature:					Date:	
					I	