



ACH Debit Authorization

ACCOUNT INFORMATION	
Name of Financial Institution	Type of Account (Check one) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
Name on Account	Billing Address:
	City, State Zip:
Routing Number	Account Number
PRIMARY CONTACT INFORMATION	
Name	Notification Email Address
Phone	Fax
Address <input type="checkbox"/> Same As above	City, State Zip
AUTHORIZATION SCOPE (Good until canceled by notice to ap@boomlearning.com and effective 10 days after receipt).	
<input type="checkbox"/> ALL INVOICES <input type="checkbox"/> SPECIFIC INVOICE ONLY	
If specific invoice was checked:	Invoice Number:
	Amount:
AUTHORIZED BY	
Name	
Title	
Signature	

Instructions:

To pay your invoice via ACH Debit, complete this form and email to ap@boomlearning.com. All fields are required. We will not accept an un-signed ACH form.

The invoice marked PAID will be your receipt. The charge will appear on your bank statement as an “ACH Debit”.

To pay by ACH initiated by your institution, you may send us your form in lieu of this one to Sales@boomlearning.com. We will complete and return to you.