



# **BookMasters, Inc.**

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info@bookmasters.com www.bookmasters.com

## **ACH Debit One-Time Use Authorization Form**

This form is used to authorize BookMasters, Inc. to debit your bank account only once and only for the amount stated below. This form is for bank accounts in United States only.

Account name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

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### **Customer Information**

Customer name on account: \_\_\_\_\_  
BMI customer no.: \_\_\_\_\_  
Address on check: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone no.: \_\_\_\_\_  
Email address: \_\_\_\_\_

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### **Account Information**

Bank name: \_\_\_\_\_  
Bank City/State: \_\_\_\_\_  
Choose account type:      Checking account \_\_\_\_\_      Savings account \_\_\_\_\_  
Bank routing no. (9 digits): \_\_\_\_\_  
Bank account no.: \_\_\_\_\_

***Form must be faxed back to 567-203-4515.***

By sending this ACH Debit authorization form, you authorize BookMasters, Inc. to debit your bank account in the amount of \_\_\_\_\_. You understand that this is a one-time authorization. You are *not* authorizing BookMasters to set up your account for recurring ACH debits.

You acknowledge that you are the owner or authorized signer on the account information entered in this form.

Signature of authorized Bank Account Holder: \_\_\_\_\_  
Date: \_\_\_\_\_