

**ECHECK AUTHORIZATION FORM**

ONLY **BUSINESS** CHECKING ACCOUNTS CAN BE USED TO PAY FEES VIA ECHECK.

**BARTER NETWORK ACCOUNT NAME:** \_\_\_\_\_

**BANKING INFORMATION:**

\$ AMOUNT: \_\_\_\_\_ **AND / OR** AUTO DEDUCT FOR MONTHLY FEES

NAME ON CHECKING ACCOUNT: \_\_\_\_\_

9 DIGIT ROUTING NUMBER: \_\_\_\_\_

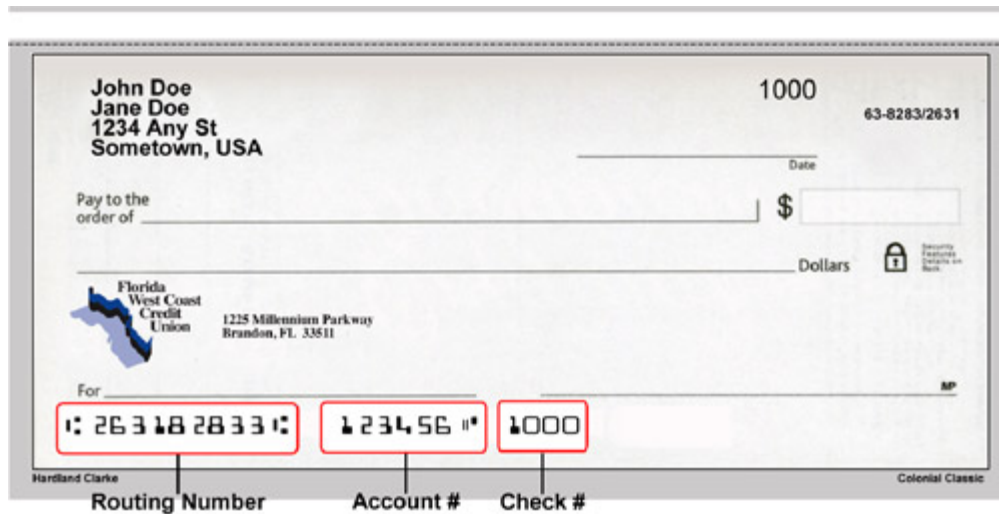
CHECKING ACCOUNT NUMBER: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

CONFIRMATION EMAIL: \_\_\_\_\_

**ATTACH A VOIDED CHECK TO THIS FORM AND FAX TO (203) 306-3200:**



*I hereby authorize Barter Network (Business Network, Inc.) to access my checking account in order to deduct authorized fees.*

**X** \_\_\_\_\_ **Date** \_\_\_\_\_

For Inner Office Use Only

Received on: \_\_\_\_\_ Processed by: \_\_\_\_\_