



E-Check Authorization

Once completed, please return either by
Fax: 207-282-5036 or Mail: 8 Pomerleau St, Biddeford, ME 04005

Customer Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Payment Information

E-Check (ACH) — Amount: _____

Name of Account Holder: _____

Bank Account Type: Checking Savings Business Checking

Branch City: _____ State: _____ Zip: _____

Account Number: _____

Bank Routing Number: _____

Action Requested (Please Check One)

New Account Authorization

I authorize Great Works Internet / GWI to charge my banking account listed above, starting with a partial payment on ___/___/___ (mm/dd/yyyy) and then full monthly payments on the ___ (ie. 8th) day of month for each month following.

Update Payment Information

I authorize Great Works Internet / GWI to update my payment information and charge my banking account listed above, starting with on ___/___/___ (mm/dd/yyyy) and then on the ___ (ie. 8th) day of month for each month following.

Payment Cancellation Notification

I am providing written notification to stop charging my banking account listed above, as of ___/___/___ (mm/dd/yyyy).

The undersigned hereby certifies that they are duly authorized to execute this form on behalf of the above listed customer. I acknowledge that I am subject to a \$25 reject fee if items are returned for insufficient funds. This payment authorization is valid and to remain in effect until written cancellation notification is received by Great Works Internet.

Customer Name (printed): _____

Customer Signature: _____ Date: _____