



AVM[®]
ENTERPRISES, INC.

P.O. BOX 22283
CHATTANOOGA, TN 37422-2283
PHONE (423) 847-4700
FAX (423) 847-4701

AUTHORIZATION AGREEMENT FOR DIRECT

Customer Information	Please Print
Customer Name	
Address	
City, State Zip	
Customer ID #	

AVM Enterprises, Inc. will process a single ACH debit to your account based on account information received via facsimile from you. Please follow these instructions and sign this authorization.

Instructions:

1. Prepare your check as you normally would, made payable to AVM Enterprises, Inc.
2. Make sure that you have indicated which invoices are to be paid on this form.
3. Note the total of the check on this form.
4. Sign this form and make sure the check is signed as well.
5. Provide Phone and E-Mail information for easy contact, in the event questions arise.
6. Fax this form along with a copy of your check to **800-518-5528**.
7. If you must affix the check to a sheet of paper to fax it, do not cover any part of the check face.
8. **DO NOT MAIL YOUR CHECK. Simply retain it for your records.**

Complete Below:

	Information
Routing #	
Account #	
Please Indicate	Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/>
Order #	
Amount:	

Customer Authorization:

I hereby authorize AVM Enterprises, Inc. to immediately process a single ACH debit to my account as noted above.

Authorized Signature _____ Date _____

So that we can easily contact you in the event that we have a question regarding this transaction, please provide both your phone number and e-mail address.

Phone Number _____ E-Mail Address _____

To protect your privacy, this form must be returned to 800-518-5528