



AUTOMATIC DIRECT DEBIT FORM

I authorize Original Pizza to initiate ACH debits (*electronic withdrawals*) from the financial institution listed.

This authorization is to remain in full force and effect until I notify Original Pizza to terminate the authorization.

I also authorize the financial institutions involved, in the processing of the electronic payments, to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

I understand that if a payment is returned or unpaid, I may be charged a fee for this returned payment. I authorize Original Pizza to make an electronic transfer, from my institution, to collect the fee.

ABA / Routing number:

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Bank Account number:

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() Checking -or- () Savings

Name (as it appears on the bank account): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ - _____

Bank Account Holder Printed Name: _____

Bank Account Holder Signature : _____

******* Send or attach a copy of a voided check with this form *******

FOR INTERNAL USE Customer's Name _____ Customer's ID _____
