



V-Check Auto-Pay Confirmation

Checking Account Holder's Name: _____

Agency Name: _____

Email Address: _____

PAYMENT INFORMATION:

Account Holder's Name: _____

Street Address: _____

Daytime Phone Number: _____

9-Digit Routing Number: _____

Checking Account Number: _____

I authorize Angela Adams Consulting Services to autopay my monthly invoices by using the above checking account information. There will be no fee associated with the withdrawal. Auto-payments will be made on the 20th of each month (or the next business day). Please give at least a 30 day notice if you want this service stopped.

Signature: _____ Date: _____