## **ACH Authorization Agreement**

Date:	
Station Number:	
Station Name:	
Printed Name of Authorized Signe	r:
Station Location:	
Street Address:	
City, State, Zip:	
Telephone Number:	
initiate electronic entry to and to	ove I hereby authorize Opus Inspection, LLC to debit the following designated checking account. net 20 payment terms whenever there is an invoice
has received written notification f	full force and effect until Opus Inspection, LLC rom me of its termination in such time and in such national and Depository a reasonable opportunity thorization.
	tution to accept any correction or adjustment

transaction made under this agreement if an error has been made. I also understand that the financial institution at which I have the designated account is required to provide to me the procedures for resolving errors on entries made under this agreement.

I hereby hold Opus Inspection, LLC harmless from any liability except for loss of funds transferred to an account not designated in the ACH Authorization Agreement in force at the time of transfer.

Fransit Routing Number												
	-		1		l							

Account Number Information (Must Be Valid DDA Account)

	Z									
<b>(D</b> ]	 - 44 -	-		- F	41.5	-		 		

(Please attach a voided check for this designated account)

(Account Owner)