

Direct Debit Authorization Form

If you wish to have your monthly invoice amount automatically debited from your company account, please complete the following. **Please allow up to one billing cycle to process your request.** You must continue to submit your payment until your invoice indicates that the amount due will be debited from your account.

Is this a bank account change? Yes No

Group Information

Group Name: _____ Group ID: _____

Bank Account Information (Must be a Checking Account)

Account Holder's Name (if different from above): _____

Name of Bank: _____

Bank Address: _____

Bank Routing Number: _____

Account Number: _____

I hereby authorize CoPower to initiate debits from the account identified above. I understand it remains in effect until I give written notice to CoPower, which I must do by the 20th of the month prior to the month of coverage. If I want to change the banking information that CoPower debits, I will submit a new Direct Debit Authorization form by the 20th of the month prior to the month of coverage. In the event a debit is made to my account in error, I authorize CoPower to make a correcting entry to my account. CoPower will notify me of payments returned for insufficient funds or closed accounts, and repayment instructions.

Signature: _____ Date: _____

(Must be signed by account holder to authorize debit)

Printed Name: _____

Email: _____ Phone: _____

To complete your authorization process, please return the completed form and voided check to CoPower via email to requests@copower.com or fax to 650-348-1149. For questions contact CoPower at 888-920-2322.

Attach Voided Check

Please note: CoPower has the right to terminate this direct debit agreement at any time.

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