



## E-Check Form

Date: \_\_\_\_\_ FSC Customer Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Name on Check: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Billing Email Address: \_\_\_\_\_

Check Number: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Bank City: \_\_\_\_\_ Bank State: \_\_\_\_\_

Routing Number: \_\_\_\_\_

(First nine numbers from left to right on bottom of check)

Account Number: \_\_\_\_\_

**Check Amount\$:** \_\_\_\_\_

I authorize FSC. to initiate an electronic debit to my Checking or Savings Account in the amount listed above. I understand that this is a one-time authorization and must be completed each time that I wish to make a payment. In addition, I understand that if this check is returned for any reason, a \$35.00 fee will be charged to my account

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_