



EON 2656 S. Loop W. Suite 320 Houston, TX 77054 Phone 713-839-0001 Fax 713-490-9089

ACH Authorization Form

Account Information

Bank Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____

Please print clearly! (You may attach a voided check instead!)

Routing # (9 digits) _____

Account # _____

_____ (hereinafter referred to as Client) authorizes EON d/b/a EON Credit Restoration, to initiate ACH transfer entries and to credit and/or debit the account identified herein for fees relating to EON contracted services. This authorization shall remain in effect unless and until EON has received all funds owed and explained in the written contract and indicated below. Drafts unable to be completed on the assigned date are subject to a late fee of 5% of the balance owed. The undersigned represents and warrants to EON that the person executing this Release is an authorized signatory on the Account referenced above and all information regard the Account and Account Owner is true and correct.

Total Due _____

One Time Payment _____

Payment Date _____ Amount _____

Payment Date _____ Amount _____

Payment Date _____ Amount _____

Payment Date _____ Amount _____

Payment Date _____ Amount _____

Account Owner Signature

Date
