

Electronic Payment - REQUIRED

ACH Authorization

6565 Americas Parkway NE | Suite 1000, Attn: Accounting | Albuquerque, NM 87110

Please Complete The Information Below:

Producer Number: _____

I _____ authorize Century Automotive Service Corporation to debit/credit the bank account indicated below on behalf of _____ for the variable payment of my recurring obligations.

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) ____-____ Email: _____

Account Information:

Account Type: ☐ Checking ☐ Savings ☐ GL

Name on Acct: _____

Bank Name: _____

Bank Routing #: _____

Account Number: _____

Bank City/State: _____



Routing Number **Account Number**

Note: You must provide notification at least 21 days prior to your due date of any changes to your ACH account information.

Please provide email addresses for as many recipients as desired to receive notification for each of the following ACH transactions. A notification will automatically send when an ACH is initiated so the recipient will have the details for the exact amount.

Contract Cancellation Payment (Daily push)

Email: _____ Email: _____

Contract Activations (Daily pull) *Please remove any debit blocks on your bank account as the premium for activations will auto pull from your account.*

Email: _____ Email: _____

Claims Payments (Weekly push)

Email: _____ Email: _____

Terms and Conditions: I understand and agree that any and all changes in my account information, including requests to terminate this agreement, must be in writing and be delivered to company, at the above address, at least 21 days prior to the next due date. If the payment due date falls on a weekend or holiday, I understand and agree that the payment may be executed on the next business day. I understand and agree that as this is an electronic transaction, adequate funds must be available for withdrawal from my account by the payment due date. In the case of an ACH transaction being rejected for Non Sufficient Funds (NSF), submission error, or other bank related return reasons I understand and agree that the company may at its discretion resubmit the ACH debit transaction within thirty (30) days. I also understand and agree that a return item charge may be assessed for each returned ACH debit.

I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law and agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Authorized Signature: _____ Date: _____