

ACH/Credit Card Authorization Form

Step #1 – Please complete:	
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Company/Organization Name:	
Client ID Number (if known):	
Address:	
City:	State Zin
Your Name	
Signature	Date
Step #2 – Amount to be debited/charged:	Step #3 – Choose one:
☐ Option 1	Bank Account
Payment in Full \$	(ACH can only be processed from US bank accounts.)
Or	(Please attach copy of voided check below) Credit Card
☐ Option 2	(Please note that credit card payments in excess
Upfront \$	of \$1,000 are subject to a 3% fee of the amount
and Monthly \$	in excess of \$1,000. This fee will be added to your order's total.)
Monthly amounts will be charged on the 10 th of each month.	,
Step #4 – Please fill out the information below based on your Step #3 selection.	
Bank Account option:	Credit Card option:
Checking Account Transfer	Choose One:
(Voided check must be attached below)	☐ Visa ☐ AMEX
Savings Account Transfer (Deposit slip must be attached below)	☐ MasterCard ☐ Discover
I hereby authorize	(Credit Card Number)
(Print name of your financial institution)	(Month/Year)(Expiration Date)
(Print hame or your infancial institution)	(Expiration Date)
to make our payment on our behalf from our	
bank account and transfer it to SofterWare Inc.	(Name on card if different than Step #1)
All payments provided to SofterWare, Inc. originating as ACH transactions comply with	
U.S. law.	(Billing address for card if different than Step #1)
I understand that I am in full control of my payment, and if at any time I decide to make any	
changes or discontinue payments, I will notify SofterWare, Inc. by calling (215) 628-0883. Change	

of payment method will not affect the terms of my contract.

If Bank Account option is selected, please attach voided check.

Return Information: