



865 W 450 N, Suite 1
Kaysville, UT 84037
Tel: 877-678-3343
Fax: 801-991-9009

Credit Card Authorization Form

Credit Card Information		
	Expiration Date	CVV (Security Code)
Credit Card Number		
Card Holder's Name (as it appears on card)		
I would like this card to be set up as default on this account. Yes No		
Credit Card Usage Agreement		
<p>I, _____, hereby authorize OptConnect to keep my Credit Card on file for future purchases, and/or monthly contractual payments. OptConnect has the right to use this card on verbal and e-mail orders submitted by said Company.</p>		
Card Holder Signature		Date



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AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: _____

I (We) hereby authorize OptConnect , hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below for items purchased from COMPANY at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: _____

Signature: _____ Date: _____

Please Attach Voided Check Here