# Wireless Monthly Service
# Bank Account Change Request Form

Customer: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____

## PREVIOUS ACCOUNT INFORMATION

BANK NAME: _____ PHONE NUMBER: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

## NEW/UPDATED BANK INFORMATION
## MULTIPLE USE ACH AUTHORIZATION RELEASE

(TYPE OR PRINT)

The customer identified above, by his/her signature below, hereby authorizes Wireless ATM Store and its financial institution, to initiate and/or transmit multiple automatic clearing house (ACH) debit entries to the customer's account identified herein below. The parties agree and understand that this ACH authorization is for multiple debit entries (a credit entry shall only be authorized for a reversal related to this transaction). Customer acknowledges that the purpose of this ACH release is for the payment to Wireless ATM Store for services from Wireless ATM Store to the customer and that this constitutes a valid business relationship between the two parties. The customer agrees to indemnify and hold Wireless ATM Store and/or customer's financial institution harmless from any and all claims associated with compliance with the aforementioned multiple use ACH authority. The customer agrees to provide a voided check to properly validate customer's account and routing numbers. *ALL PRODUCTS PURCHASED THROUGH WIRELESS ATM STORE ARE FOR ATM USE ONLY. ANY UNIT DEEMED TO BE ABOVE AVERAGE ATM USAGE WILL BE SUSPENDED IMMEDIATELY, AND MAY BE SUBJECT TO A REACTIVATION FEE*.

Signature: _____ Date: _____

Bank Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Routing #: _____ Account #: _____

**Pre-Paid Payment Plan:**

☐ Monthly- $4.95 x_____=_____
(Number of Units) (Total)

**** ACH will be processed on the 15th for payment ****

PLEASE FAX A COPY OF THIS AUTHORIZATION TO WIRELESS ATM STORE AT 215-661-2917

Rev. 01/2016