

**BD****Parata®**

ACH AUTHORIZATION FORM

I hereby authorize Parata Systems, LLC, and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it, in such times as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Customer ID: _____

Company Name: _____

Company Phone Number: _____

Finance Representative: _____

ACH Account Name: _____

ACH Information

Name of Financial Institution: _____

Financial Institution Routing Number: _____

Account Number: _____

Select account type:

- ☐ Checking
☐ Savings

Please include a copy of a canceled or voided check or a Bank Letter.

Invoice type to pay (Select One)

☐ All

☐ Maintenance

☐ Supplies

Other (Please describe): _____

If one specific invoice:

Invoice Number(s): _____

Invoice Amount: _____

Email (For receipt copies): _____

Signature: _____

Print Name: _____ Date: _____

Email completed form to collections.parata@bd.com

A member of the Parata Systems Finance Team will be contacting you to verbally verify your ACH Information