



# ACH Bank Debit Authorization

(Please print legibly)

Inspection Station Information	
Station Name:	
Station ID Number:	
Primary Contact:	
Primary Telephone:	
Primary Email Address:	
Inspection Station Billing Information	
Financial Institution Name:	
Transit ABA / ACH Routing Number:	
Name on Account:	
Account Number:	

I hereby authorize the financial institution of Opus Inspection Technologies, Inc. to initiate debit and, if necessary, credit entries to the referenced Inspection Station's account at the Inspection Station's Financial Institution named above.

Authorized Signature on Account:	Date:
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You MUST include a voided check or letter from your bank with this form for verification purposes.

Please inform your financial institution that you are authorizing Opus Inspection Technologies, Inc. to debit your account. Thank you for your business!

**Please Fax the completed form along with void check to  
312.676.3883 Attn: MA Operations**