



Fax back to:
(800) 870-6877

Records Research, Inc
Payment—Direct Debit Authorization Form

Company Name: _____

Fax Number: _____

RRI Account Number: _____

I authorize Records Research, Inc. (RRI) to initiate debit entries as indicated below to my checking account for services performed.

Payment Period (Check One)

One-time payment

Amount Authorized: \$ _____

For Invoices Dated:

Date	Amount
_____	\$ _____
Date	Amount
_____	\$ _____
Date	Amount
_____	\$ _____

Automatic monthly payment

The end of each month you will be sent an invoice which shows items ordered and the balance due. On the 10th of every month, the balance shown on the invoice will be automatically withdrawn from your designated bank account. This authorization will remain in effect until RRI receives a written notice to terminate. The stop payment notification must be received three (3) business days prior to the scheduled payment.

Name on Bank Account: _____

Financial Institution: _____

Branch Address: _____

City, State, Zip: _____

Routing Number/ ABA Number (9 digits): _____

Checking Account Number: _____

(Your routing and checking account numbers appear at the bottom of your check. To assure accuracy, please attach a voided check or deposit slip. If you have trouble locating these numbers, please contact your financial institution for assistance.)

Signature of Depositor: _____ Date: _____

Print Name: _____ Title: _____

Direct Phone Number of Depositor: _____

Direct Email Address of Depositor: _____

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RRI USE ONLY