



FIRST PAY SOLUTIONS

ACH Authorization Form

Date: _____

I, _____, authorize First Pay Solutions, LLC. to charge
\$ _____ for POS Leasing (provided by MSPOS) from the following bank account

Provided Below

Bank Account Information:

Enter your bank account information details exactly as shown on your check and billing statement. Payments will not be processed if all information below is not complete.

Name: _____

Company: _____

Billing Address: _____

Phone: _____

Routing#: _____

Bank Account# _____

From the first month and on, I will be charged according to the following schedule:

Frequency of Transfer: Monthly

Date: 15th Day of Each Month

Term: 36 Months

Signature: _____

Submit this form when making payment to FPS by ACH. Please note that this form may not be submitted via e-mail. You may submit via fax, mail or secure online submission.