

Account Set Up Form



Business Name (Client): _____
Accounts Payable Contact: _____ Title: _____
Phone: _____ E-mail: _____
Billing Address: _____
City: _____ State: _____ Zip: _____

ACH Authorization

I authorize Essential Screens to initiate electronic debit entries from _____
(Client), for payment of services offered only in the amount of each invoice issued. Debits will happen the
10th of each month for all outstanding invoices that had been issued.

☐ Checking Account

☐ Savings Account

Financial Institutions Name (Please Print)	
Account Number at Financial Institution	
Financial Institution Routing Number	
Financial Institution City and State	

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law. This authorization will remain in effect until I have cancelled it in writing.

Name of Signer (print) _____

Signature _____ Date: _____

Please attach a copy of a voided check.

Credit Card Authorization

Account Number: _____ Expiration Date: _____

Name as printed on card: _____ CVV Code: (3 digit code) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

I authorize Essential Screens to charge my credit card above for agreed upon purchases and issued invoices. I understand that my information will be saved to be used for future transactions on my account.

Customer Signature _____

Date _____

☐ Check here if primary payment method is Credit Card

* An additional fee will apply to all credit card transactions.

* American Express Visa, Mastercard, and Discover are accepted.

Internal Use Only - Credit Safe Score _____