



Electronic Check/ Credit Card Authorization Form

Please complete the information in the box below to authorize an electronic check payment (ACH-debit).

Name on Check (Last, First): _____

Address:

Bank Routing Number (these are the numbers between the colons at the lower left corner of your check): _____

Type of Account: Checking Savings

Bank Account Number _____

Amount Authorized: _____

Email Address for electronic receipt (optional): _____

Signature: _____

Please complete the information in the box below to authorize a credit card transaction

Card Holder Name: _____

Card Address:

Amount Authorized: _____

Card Type: Visa Master-card American Express

Card Number: _____ Exp Date: ____/____ Sec Code _____

Email Address for electronic receipt (optional): _____

Signature: _____

Please send completed form to ardept@farmoretransportation.com or fax to 951-340-2088

****Credit Card purchases will be charged a 4% service fee****