



Valrico, FL 33596

Recurring ACH Credits Authorization Form

Please complete the information below:

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Frequency: ☐ Weekly ☐ Monthly ☐ Annual basis, _____ Number of Payments

I authorize DCAS to pay/credit the account indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services/account/invoice described above, for the amount indicated above and only for the occurrences indicated. I certify that I am an authorized signor on this Depository Account.

SIGNATURE _____ DATE _____

****I, _____ hereby **Revoke my Authorization** for the payments/credits to the account. I understand that my right to place a stop payment exists only as long as I request and deliver this written stop payment notice at least three days prior to the scheduled settlement date.**

