## **Bank Transfer Authorization Form**

I authorize		,	electronically debit my	y bank account according
to the terms out	Business n		alactronic dobits ag	pinet my account must
to the terms out	iii lea below. I a	acknowledge that	electronic debits aga	ainst my account must
comply with Uni	ted States law			
Terms of billing	:			
☐ One time on	f mm/dd/yy	or the amount of	\$	
✓ Starting on _	ar	nd on the day of the	e month of each mon	oth throughmm/dd/yy
for the amo	unt of \$	·		
☐ Starting on _	f	or the amount of	\$ and a	ccordingly thereafter per
the terms in	invoice(s)	·		
				MULTIPLE ACCOUNTS **
•			** PROVIDE LOCATIO	
Customer bank	account into	rmation: s	SONIC DRIVE-IN # _	
	outing number			ount number
no	duing number		ACC	ount number
Account type:	✓ Checking	☐ Savings	☐ Consumer ✓	Business
This payment au	uthorization is t	to remain in effec	t <b>until I,</b>	, notify er name
LOGIC FOR	TE of its	cancellation by g	iving written notice ir	n enough time for the
Business na				
business and red	ceiving financia	al institution to ha	ve a reasonable oppo	ortunity to act on it.
Custome	r signature	Custor	ner printed name	Date