

5700 International Parkway Springfield, IL 62711 217.483.1700 www.mjkellner.com

ACH/Direct Debit Authorization
Customer Information Needed:
Name:
Street Address:
City, State, Zip:
PAYMEMT OPTION:
WEEKLY – balance to be processed on (choose one)
MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY
Bank Information Needed (or ATTACH A VOIDED CHECK): Bank Name:
Routing Number (9digits):
Account Number:
I hereby authorize M.J. Kellner Co., Inc. to debit my bank account according to the instructions above until these directions have been revoked in writing.
Signature (Typed signature acts as Personal Signature) Date
Notification email address: • An email will be sent to you stating the amount of the ACH transaction and invoice(s) being paid.

* Please allow up to two business days for payment activity to appear in your bank account.

EMAIL COMPLETED APPLICATION TO payments@mjkellner.com