ACH / Bank Transfer Authorization Form

By completing and signing this form, you authorize Hybrid Technologies LLC to initiate ACH debit entries to the bank account listed below for payment of invoices related to dental laboratory services. This authorization will remain in effect until revoked in writing with at least 5 business days' notice.

1. PRACTICE / AUTHORIZING PARTY INFORMATION

Practice Name

Authorizing Contact Name

Phone Number

Email Address

Billing Address

City

State

ZIP Code

2. BANK ACCOUNT INFORMATION

Name on Bank Account (exactly as it appears)

Bank / Financial Institution Name

Routing Number (9 digits)

Account Number

Account Type: ☐ Checking ☐ Savings

3. PAYMENT TERMS & AUTHORIZATION SCOPE

Invoices are issued on Net 30 terms. Hybrid Technologies LLC will initiate a single ACH debit on the 10th of each month covering all invoices with balances due at that time. If the 10th falls on a weekend or federal holiday, the debit will be processed on the next available business day. By signing below, you authorize this recurring monthly debit for all outstanding balances as they come due under Net 30 terms.

4. AUTHORIZATION & SIGNATURE

I (we) authorize Hybrid Technologies LLC to electronically debit my (our) account at the financial institution named above on the 10th of each month for all outstanding invoice balances due under Net 30 payment terms. I agree that ACH transactions I authorize comply with all applicable law. This authority is to remain in full force until Hybrid Technologies LLC has received written notification of its termination in such time and manner as to afford Hybrid Technologies LLC and the financial institution a reasonable opportunity to act on it.

Authorized Signature

Printed Name

Title / Role

Date

5. HOW TO SUBMIT THIS FORM

Email: admin@hybridtechdental.com
Mail: 621 Wilks Ave, Orlando, FL 32809
Phone: (407) 250-6839 (to confirm receipt)

This form is for ACH authorization only. No credit card or patient health information should be included.