

Bank Transfer Authorization Form

I authorize Hitec Dental Ceramics (Versant Business Team, Inc.) to electronically debit my bank account for my dental practice (name of practice) _____ according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

Terms of billing:

Starting on _____ and on the _____ of each month for the amount of the current Monthly Statement Starting on _____ and accordingly thereafter per the amount due for subsequent monthly statements.

Customer bank account information:

Routing number

Account number

Account type:

Checking or Savings **(Circle One)**

Consumer or Business **(Circle One)**

This payment authorization is to remain in effect until I, _____, notify Hitec Dental Ceramics of its cancellation by giving written notice in enough time for the Hitec Dental Ceramics business and receiving financial institution to have a reasonable opportunity to act on it.

_____ Customer signature

_____ Customer printed name

_____ Date

Once your form is complete, please scan and email to info@hitecdental.com