



**Mail, Fax, or Email This Form with Voided Check to:**  
**BBP Admin**  
**125 West Orchard Street - Itasca, IL 60143-1764**  
**Phone (630) 775-8317 – Fax (630) 775-8592 – E-mail**

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***Electronic Payment Authorization***

I request and authorize Better Business Planning, Inc. (BBP) and/or its designee to debit amounts due for my monthly administration service fees invoiced, via ACH ID (4362949580) and I request and authorize the Financial Institution named below to accept and honor the same from my account. This Authorization will remain in effect until I notify BBP in writing to terminate and BBP has a reasonable time to act on the termination.

Check One:      Checking Account \_\_\_\_\_

Savings Account \_\_\_\_\_

Routing Number for above account: \_\_\_\_\_

Name of checking account holder: \_\_\_\_\_

NAME OF BANK WHERE ACCOUNT IS AUTHORIZED \_\_\_\_\_

PLEASE ATTACH VOIDED CHECK OR DEPOSIT SLIP

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Authorized Employee for account above: \_\_\_\_\_

Signature Authorization for electronic debit: \_\_\_\_\_

Contact Name(s) and e-mail addresses who should receive statements:

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