



CREDIT CARD DEBIT AUTHORIZATION

I hereby authorize N.C.W.G.S. to Debit or Credit the account identified below , as is appropriate to the transaction. I also authorize adjusting entries to correct errors.

This

authorization will remain in effect until written notice of termination is submitted to N.C.W.G.S. We will notify you at the time of each debit or credit, detailing the date and amount.

Financial Institution Name:

Account Number: _____

Exp. Date: _____ Zip code of billing Address _____ Type

of account: _____

Credit Limit on Card Not to Exceed: _____

Name on Account: _____

Customer Name: _____

I acknowledge receipt of a filed copy of the Authorization.

This Authorization must be signed by the person authorized to sign credit/Debit charges, for this account,

Authorized Signature: _____ Date: _____

If the withdrawal is restricted in any manner, state such restriction below.

Limitations on Purpose for Withdrawal:

Please fax this completed form to N.C.W.G.S. @
1-585-599-4403 and retain a copy for your records.

SCAN- E mail to sales@ncwgs.com