ACH / Payment by Phone Authorization Form

Tech Data Account #: _____

Company Name: _____

I, _____, hereby authorize the parties listed below to initiate
(First and Last Name – Printed)

payments on behalf of _____, via the payment by phone option.
(Company Name)

Authorized Parties:

_____ (First and Last Name – Printed)	_____ (Title)
_____ (First and Last Name – Printed)	_____ (Title)
_____ (First and Last Name – Printed)	_____ (Title)
_____ (First and Last Name – Printed)	_____ (Title)
_____ (First and Last Name – Printed)	_____ (Title)
_____ (First and Last Name – Printed)	_____ (Title)

_____ (Principal / Officer Signature)

_____ (Title)

_____ (Date)

Please fax this form to (727) 538-7087.