

Use this form to authorize Persona, Inc. to charge your checking account.

NAME (as it appears on account) \_\_\_\_\_

CHECKING ACCOUNT NUMBER \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

BANK NAME \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_

PRODUCT/INVOICE NUMBER \_\_\_\_\_

AMOUNT AUTHORIZED \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS AS SHOWN ON YOUR ACCOUNT \_\_\_\_\_

**FAX THE COMPLETED FORM TO PERSONA AT 605-882-3521**

INTERNAL USE ONLY	PROJECT NUMBER _____
	CUSTOMER _____
	SALES REP _____