


# VeriCore Payment Authorization Form

*Please complete the information below:*

I \_\_\_\_\_ authorize VeriCore to make a one time charge to my  
(Full name)  
bank account on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in the amount of \$ \_\_\_\_\_ on behalf  
(date of debit) (amount to be paid)  
of \_\_\_\_\_  
(Creditor)

<b>VeriCore Reference#</b>	-
<b>Name on the Account</b>	
<b>Name of the Bank</b>	
<b>Account Number</b>	
<b>Bank Routing #</b>	
<b>Bank City/State</b>	/

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Once signed, please email or fax your completed form back to VeriCore.

Fax: (704) 948-5604

Email: [accounting@vericore.com](mailto:accounting@vericore.com)

