

# 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)

**VeriCore Reference#**       -

**Name on the Account**

**Name of the Bank**

**Account Number**

**Bank Routing #**

**Bank City/State**  /

Please include Tax ID# or FEIN# 00-0000000 (exclude dashes)



**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)

