

eCheck Authorization Form

I authorize Marmiro Stones® to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Terms of Billing:

One time on _____ for the amount of _____.

Bank Information:

Name on the Account: _____

Routing Number: _____

Account Number: _____

Account: Checking Savings

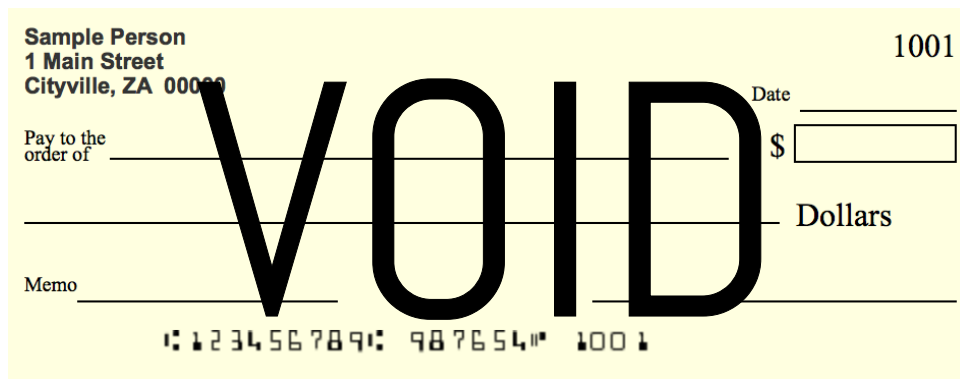
Account Type: Consumer Business

This payment authorization is to remain in full force and effect until I, _____, notify Marmiro Stones® of its cancellation by sending written notice in such time and in such manner to allow both Marmiro Stones® and the receiving financial institution a reasonable opportunity to act on it.

Customer Signature: _____ MR #: _____

Customer Printed Name: _____

Date: _____



***Please send copy of voided check along with this form**