



EZ PAY SUBSCRIPTION SERVICES

Recurring Bank Authorization Form

Date: _____

I **certify** that I am a signer on the account listed below with the authority to grant this authorization on behalf of _____ *(Name or Customer Name)*.

I **certify**, that Customer has entered into a Subscription Services (Firestop CFS-DM, ON!Track, etc.) agreement.

I **certify**, if provided debit information I authorized the charges be paid via draft (ACH) or other Electronic Funds Transfers (EFT), in accordance with the terms of the agreement and that Customer's Bank is hereby requested, authorized and directed to honor and to treat as authorized, checks, drafts or money drawn in Customer's name in accordance with this authorization.

I **certify**, that in the event that any such draft, EFT or charge returned unpaid, I agree, in addition to paying such draft, EFT or charge, to have the account debited electronically, or drafted for an item fee of \$25.00, plus any applicable taxes.

I **certify**, that I authorize Hilti, Inc. to initiate reoccurring drafts on the account to pay reoccurring Subscription Services obligations as they become due.

I **certify** that this authorization by _____ *(Name, Title, and Company Name)* shall remain in full force and effect and the authority herein given to Hilti, Inc. shall remain irrevocable until Hilti, Inc. receives written notice from Customer of revocation of such authority. Revocation shall not affect any action taken prior to receipt of such notice, nor shall it relieve Customer of its payment obligation or otherwise affect the terms of the invoice.

Company / Customer Name _____

Direct Debit

ABA# / Route # _____

Bank Name _____

Bank Account # _____

Authorized Signature _____

Printed Name _____

Hilti Account Number _____

Phone Number _____

*Please Note: You will continue to receive invoices for your records.
All charges will occur on the last business day of the month for that month's billing*

Please email completed form to:
ElectronicPayment@hilti.com