



VeriCore Payment Authorization Form

Please complete the form by populating all of the blue boxes. This is a fillable form.

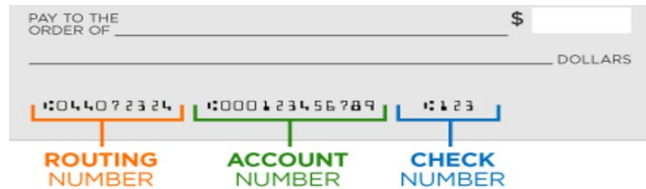
I (Full Name) authorize VeriCore to make a one time charge to my
 bank account on / / (date of debit) in the amount of \$ on behalf
 of (Creditor)

VeriCore Reference # -

Name on Account

Name of Bank

Bank City State



Bank Routing #

Checking Account #

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

Signature _____ Date _____

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

EMAIL: accounting@vericore.com FAX (704) 948-5604

