



**ACH / Payment by Phone Authorization Form**

Tech Data Account #: \_\_\_\_\_

Company Name: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the parties listed below to initiate  
(First and Last Name – Printed)

payments on behalf of \_\_\_\_\_, via the payment by phone option.  
(Company Name)

**Authorized Parties:**

\_\_\_\_\_  
(First and Last Name – Printed)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(First and Last Name – Printed)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(First and Last Name – Printed)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(First and Last Name – Printed)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(First and Last Name – Printed)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(First and Last Name – Printed)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Principal / Officer Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**Please fax this form to (727) 538-7087.**