



Reocurring Bank Authorization Form (U.S.)

Date _				
I certif	y,			
•	that I am a signer on the account listed below with the authority to grant this authorization on behalf of (Name or Customer Name)			
•	that Customer has entered into a Fleet Management Agreement with Hilti, Inc. ("FMA")			
•	that Hilti, Inc. and any of its agents, is authorized to debit the account for the amount of the FMA Total Monthly Fees			
•	if provided debt information I authorized the charges be paid via draft (ACH) or other Electronic Funds Transfers (EFT) in accordance with the terms of the FMA 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.			
•	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.			
•	that I authorize Hilti, Inc. to initiate reoccurring drafts on the account to pay reoccurring fleet contract obligations as they become due.			
•	• that in the event that additional products are added to the FMA I agree to the associated increase of my monthly debit charge amount without prior notice.			
•	• that this authorization by			
Company / Customer Name				
Direct	Debit			
ABA#,	/ Route #			
Bank Name				
Bank A	ccount #			
Author	ized Signature			
Printed Name				
Hilti Account Number				
Phone	- Number			
	-			

Please email form to: ElectronicPayment@hilti.com