

INService Travel  
Fax: 717-738-1457  
Email: info@INServiceTravel.com

## AUTHORIZATION TO DEBIT CHECKING ACCOUNT

Client Name: \_\_\_\_\_ Acct ID \_\_\_\_\_

Client Address: \_\_\_\_\_

\_\_\_\_\_

Airline & Flight #: \_\_\_\_\_ Travel dates: \_\_\_\_\_

Travel transaction amount: \$ \_\_\_\_\_

Record Locator and/or Invoice #: \_\_\_\_\_

Travel Consultant: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize INService Travel.  
(please print name)

to debit my checking account for this amount, in payment of these travel costs.

Client signature: \_\_\_\_\_

Email for confirmation of payment processing: \_\_\_\_\_  
Please PRINT clearly

Fax this form with a copy of your signed check made payable to INService Travel for the amount to be processed to **717-738-1457**.

*Place check here*