

ALABAMA PLUMBERS AND GAS FITTERS EXAMINING BOARD
216 AQUARIUS DR., SUITE 319
HOMEWOOD, AL 35209
PHONE: 205-945-4857
FAX: 205-945-9915
WWW.PGFB.ALABAMA.GOV

E-Check Authorization Form

CERTIFICATE HOLDER INFORMATION

Name: _____ Social Security #:XXX-XX-_____

Home Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

PAYMENT AUTHORIZATION

I _____ authorize the Alabama Plumbers & Gas Fitters Examining Board to process a one-time charge from my checking account in the amount of \$ _____ (plus a \$1.50 per transaction separate processing fee charge beginning with "IGOVSOL*") for the payment of:
____ Individual Certification Renewal – Classification: _____
____ Initial Application Fee – Classification: _____
____ Examination Fee – Classification: _____
____ Business Certification Registration/Renewal
____ Administrative Fine – Case number: _____
____ Other – Specify: _____

BY MY SIGNATURE BELOW, I UNDERSTAND THERE WILL BE A PROCESSING FEE OF \$1.50 PER TRANSACTION CHARGED TO MY ACCOUNT THAT WILL APPEAR ON MY STATEMENT AS A SEPARATE CHARGE BEGINNING WITH "IGOVSOL*".

Further, I understand that if the e-check fails to process, I will be subject to payment of a fee. As prescribed in Alabama Administrative Code r. 720-x-16-.01, there will be a fee of thirty dollars (\$30.00) assessed that will be due in addition to repayment of funds that were dishonored. If dishonored payment was for a certification, registration, or payment of fines, the certification, registration, or payment of fines will be considered invalid until such time payment is made in full. If dishonored payment was made for an examination, applicant will be unable to take the examination until such time payment is made in full. If dishonored payment is made for examination and the examination has already been taken, the applicant's new certification will not be issued until such time payment is made in full.

BANK ACCOUNT INFORMATION

Name on Account: _____ Billing Zip Code: _____

Routing Number: _____ Account Number: _____

Account Holder Signature X _____ Date ____/____/____