



517 Crofton St SE
Grand Rapids, MI 49507
616.243.8424 Fax 616.243.8055

ACH AUTHORIZATION

Customer Number _____

Date _____

Customer Name _____

Street Address _____

City _____ State _____ ZIP Code _____

Terms Requested ACH30 ACH15 ACH7 ACH1

Last four digits of checking account: _____

For security purposes, please call the credit department with complete automatic check information.

I hereby authorize use of the above listed automatic check information for the above listed store, effective until revoked in writing by authorized signor.

Customer Signature _____