



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 \_\_\_\_\_

Auto Payment Option                      ACH30                      ACH15                      ACH7

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Last four digits of checking account: \_\_\_\_\_

For security purposes, please call the credit department with complete bank routing and account numbers for auto check payments.

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

I/We understand returned ACH payments will incur a \$26.00 NSF fee and be charged back allowed freight.

Owner/Officer Name \_\_\_\_\_ Title \_\_\_\_\_

Owner/Officer Signature \_\_\_\_\_