



1500 Buchanan Ave SW  
Grand Rapids, MI 49507  
616.243.8424 Fax 616.243.8055

# ACH AUTHORIZATION

Customer Number \_\_\_\_\_

Date \_\_\_\_\_

Customer Name & Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
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

\_\_\_\_\_