



**ACH Credit Authorization Form**

Schedule your payment to be automatically deducted from your bank account. Just complete and sign this form to get started!

**Please complete the information below:**

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Bank Information:**

Bank Name: \_\_\_\_\_ Branch Name: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Routing/Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_

I/We, \_\_\_\_\_, hereby authorize **E.B. Thomsen, Inc.**, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries (for balances as they come due according to the terms on the account), to my (our) bank account as listed above and the depository named below, to debit and/or credit the same to such account. The authorization will remain in full force and effect until E.B. Thomsen receives written notification of termination and has a reasonable period of time (not less than 10 business days) to act upon such notice.

Print Name(s): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach voided check or deposit slip here (to confirm account information)