



**PO Box 4
Pittsburg, KS 66762-0004
Phone: (620) 231-3610**

**902 E. Jefferson Street
Pittsburg, KS 66762
Fax: (620) 231-2545**

BANK AUTHORIZATION FORM FOR ACH WITHDRAWALS

I authorize Joe Smith Company to debit the following financial institution for the net amount of any invoices/credit invoices/fees on the due date set forth by the terms of my customer account. This authority will remain in effect until I have cancelled in writing.

Customer / Company Information:

Name _____
Address _____
City/State/Zip _____
Contact _____
Phone No _____
Fax No _____
Email Address _____

Banking Information:

Bank Name _____
Bank Address _____
City/State Zip _____
Bank Routing No _____
Bank Account No _____

Authorization Signature _____
Date _____

Joe Smith Company Bank Name: Girard National Bank

As agreed upon, a representative will communicate to you via email in regards to the payment date, the net amount of Invoices/Credit Invoices to be paid and the total ACH amount to be withdrawn from your bank account and transferred to the Girard National Bank account of Joe Smith Company.