



ACH CHECKING / PAYMENT

DATE RAN: _____
ACCOUNT #: _____
ORDER #: _____
INVOICE #: _____
PO #: _____
SALES PERSON: _____

COMPANY NAME: _____

CONTACT NAME: _____

CONTACT PHONE NUMBER: _____

E-MAIL ADDRESS: _____

BANK NAME: _____

BANK ROUTING NUMBER: _____

CHECKING ACCOUNT #: _____

DEPOSIT / PAYMENT AMOUNT : _____ **PAID IN FULL:** _____

I, _____ Authorize Southern Shutter Company to run a
ACH Payment from the above referenced Checking Account for the amount listed above.

Authorized Signature: _____

Date: _____