



# Stephens Pipe & Steel, Inc.

## Credit Department

P.O. Box 618, 2224 East Highway 619

Russell Springs, Kentucky 42642

270-866-3331 Fax: 270-866-3350 email: elizabethrad@spsfence.com



Member



American Fence Association

### AUTHORIZATION AGREEMENT FOR AUTOMATIC ACH DEBITS

I (we) hereby authorize Stephens Pipe & Steel, LLC. hereinafter called COMPANY to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to the account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit and/or credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

#### ACCOUNT INFORMATION

ACCOUNT NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FINANCIAL INSTITUTION \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING # (9 Digits): \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

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

#### Select frequency:

\_\_\_\_\_ **AUTHORIZING** -Various transactions at various times, amounts may vary.

\_\_\_\_\_ **AUTHORIZING** --A ONE TIME TRANSACTION for payment on account.

**AMOUNT : \$** \_\_\_\_\_ **DATE TO BE DRAWN ON ACCT:** \_\_\_\_\_

INVOICE NUMBER(S) \_\_\_\_\_

*This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.*

PRINT NAME \_\_\_\_\_ DATE: \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

CUSTOMER EMAIL \_\_\_\_\_

SPS ACCOUNT # \_\_\_\_\_

SPS ACCOUNT NAME \_\_\_\_\_

SPS SALESPERSON \_\_\_\_\_