

EFT - COLLECTING PAYMENTS AUTHORIZATION FORM

Authorization Agreement For Preauthorized Payment (Automated Bank Debit)

phone: (310)768-8500 fax: (310)768-8544

I authorize ARTO Bick / California Pavers, located at <u>15209 south Broadway Street</u>, <u>Gardena</u>, <u>CA 90249</u> hereinafter called COMPANY to initiate debit entries from our checking account from the financial institution listed below.

If any of the below information changes, I will promptly complete a new authorization agreement within 15 days.

Company Name: _					
Address:					_
City:			State:	Zip Code:	
Business Phone:			Fax:		
Representative:			Title:		
Account Information	on – Funds will only be debite			VLY	
Financial Institutio	n Name:				
City:			State:	Zip:	
	<i>Brick / California Pavers</i> to w				
	Reoccurring Flat Amou	nt of \$	Or 🔲		
	Monthly	☐ Weekly			
ABA Bank Routin	g Number (must be 9 num	bers)	Account Number (no	ot to exceed 15 numbers)	
1:		: -			
(Enter the above infor	mation from the bottom of your c		the check number)		
In order to sign up you m - Staple the company voice	ust attach a voided copy of your check	k. <u>Deposit slips are not a</u>	ccepted. For security reasons we rec	ommend that the check is Voided.	
This such sains is to m	Sı	taple Void	l Check Here	on from mo within 20 days fi	
	emain in full force and effect un uch manner as to afford the "Co			on from me within 30 days of i	ts termination
Signature of Auth	oorized Officer			Date	
 Print First, Middle	Initial and Last Name			Title	

I authorize my checking account to be charged for the above amount and final balance before product is shipped from ARTO.