



## AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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

I authorize Thompson Packers, Inc. to electronically debit my account (and, if necessary, electronically credit my account) as follows:

### ACCOUNT INFORMATION

Savings Account       Checking Account

At the depository financial institution name below ("DEPOSITORY"). I agree that the ACH transactions I authorize to comply with all applicable law.

Depository Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Amount of Debit: \_\_\_\_\_ Date of Debit: \_\_\_\_\_

Frequency of Debit:  One Time     Weekly     Bi-Weekly     Monthly

### AUTHORIZATION:

I agree and understand that this authorization allows Thompson Packers, Inc. to charge an ACH Return Fee of \$25.00 for any payment returned to include but not limited to, Non-Sufficient Funds, Incorrect Routing Number, Incorrect Account Number, Stop Payment, etc. I understand that this authorization will remain in full force and effect until I notify Thompson Packers, Inc. in writing that I wish to revoke this authorization. I understand that Thompson Packers, Inc. requires at least ten (10) business days prior notice in order to cancel this authorization.

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

