

**CUSTOMER AUTHORIZATION FOR DIRECT PAYMENT BY ACH (ACH DEBIT)**

Business Name & Address:	AMS Account No.:

Direct Payment via ACH is the transfer of funds from a customer account for making a payment.

I (We) hereby authorize ALL MEDIA SUPPLY LLC (AMS) to initiate ACH debit transactions from my account at the financial institution below. This authority will remain in force and effective until such time AMS receives written notification giving 30 days' notice of termination.

Financial Institution:	
Account Holder name:	
Routing Number:	
Account Number:	

Please select your preferred method of ACH Debit:

- ☐ On shipping of product
- ☐ On payment due date (or when credit limit is reached)

Name:	
Signature:	
Date:	

If funds are not available for ACH debit then your account will be placed on hold until payment is made.