



# ACH Payment Authorization Form

COMPANY NAME

ACCOUNT #

COMPANY ADDRESS

SUITE #

CITY

STATE

ZIP

PHONE

FAX

CONTACT (ext / email)

ACCOUNTS PAYABLE CONTACT (ext / email)

## AUTOMATED CLEARING HOUSE (ACH)

Electronic Bank Routing Number

Bank Account Number

Payment will be on invoice number:

Special Instructions:

## CUSTOMER AUTHORIZATION

This form authorizes Mariak Industries to deduct for the invoices listed above. Customer agrees to have invoices paid via this Automated Clearing House (ACH) agreement with Mariak Industries

Customer Signature

Date

Please return completed form via: email - [bburdman@mariak.com](mailto:bburdman@mariak.com)

fax - 310-763-1109

## (FOR INTERNAL USE ONLY)

Office

Date Submitted

Submitted by

Sales or AM Name / ID