



P.O. Box 618 / 2224 E Hwy 619 / Russell Springs, KY 42642

Phone: (800)451-2612 Fax: (270)858-2511

Email: KimBurns@spsfence.com

arpayments@spsfence.com

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 / Account Info:

Institution Name:

City:

State:

Zip:

Routing # (9 digits):

Account #:

Select Account Type: Checking Savings

Payment Information:

Select Payment Frequency:

AUTHORIZING A ONE TIME TRANSACTION for payment on account.

AUTHORIZING Multiple transactions for payment on account.

Amount to Withdraw:

\$

Payment Process Date:

___/___/___

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:

___/___/___

Authorized Signature:

Customer Email:

SPS Sales Person:

SPS Acct #:

SPS Acct Name: