



ACH CREDIT AUTHORIZATION FORM

Company Name: _____

(if not a business skip this section)

Company Address: _____

Phone: _____

Email: _____

CONTACT INFORMATION

Contact Full Name: _____

Billing Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

BANK ACCOUNT INFORMATION

Name on Bank Account: _____

Bank Name: _____

Bank Routing Number (ABA): _____

Bank Account Number: _____

Account Type: (Checking) or (Savings) _____

AUTHORIZATION FOR ACH CREDITS ONLY

I authorize Sunnking Inc. to initiate ACH credit entries to the bank account listed above for payments owed to me for goods purchased by Sunnking Inc.

I understand and agree that:

- This authorization is for ACH credits only (payments deposited into my account).
- The company will not use this information to debit or withdraw funds from my account.
- I certify that I am an authorized signer or owner of the bank account listed above.
- I may revoke this authorization at any time by providing written notice to Sunnking Inc.

CUSTOMER SIGNATURE

Printed Name: _____

Signature: _____

Date: _____