

# Authorization for Direct Payment Via ACH (ACH DEBIT)



## CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH DEBITS

Direct Payment via ACH is the transfer of funds from a business/consumer account for the purpose of making a payment.

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I (we) authorize All Florida Paper ("COMPANY") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account                      OR                      Savings Account

I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

Depository (Bank) Name \_\_\_\_\_

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

Amounts of debit(s) or specific range of acceptable dollar amount(s) authorized

\_\_\_\_\_

Date(s) and/or frequency of debit(s) (if known)

\_\_\_\_\_

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY (by contacting the ACH Department, [ACH@allfloridapaper.com](mailto:ACH@allfloridapaper.com)) that I (we) wish to revoke this authorization. I (we) understand that All Florida Paper, LLC requires at least 7 days prior notice in order to cancel this authorization.

Print Name \_\_\_\_\_

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

Please return completed form to [ACH@allfloridapaper.com](mailto:ACH@allfloridapaper.com) or your sales consultant

For Internal Use Only			
Account#: _____	Added to Reporting:	Yes	No
Processing Date: _____	Processed By: _____		