Authorization for Direct Payment Via ACH (ACH DEBIT)

ALL FLORIDA PAPER

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.

Corporate Name _____

DBA _____

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) 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 or your sales consultant.