I (we) hereby authorize Service Spring Corp. or Service Spring West, Inc., (The Company) to initiate debit entries to my (our) bank account (The Financial Institution), and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in full effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and The Financial Institution a reasonable opportunity to act on it.

I (we) agree to an insufficient funds fee of $35.00 per transaction if our bank account is charged by The Company and the balance is insufficient to make payment in full. I (we) also agree to pay all late fees and any collection fees if needed to collect amounts due to insufficient funds in my (our) account.

Company Name: _____ Customer #: _____

Mailing Address: _____

City: _____

State: _____ ZIP: _____ Country: _____

Phone Number: _____

Shipping Address (if different from mailing): _____

City: _____

State: _____ ZIP: _____ Country: _____

Email: _____

Business Operates as: ❑ Corporation ❑ Partnership ❑ LLC ❑ Proprietorship

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Bank Contact Name: _____

❑ Checking ❑ Savings Transit/ABA Number: _____ (9 digits)

Account #: _____

Signature Owner/Officer: _____ Date: _____

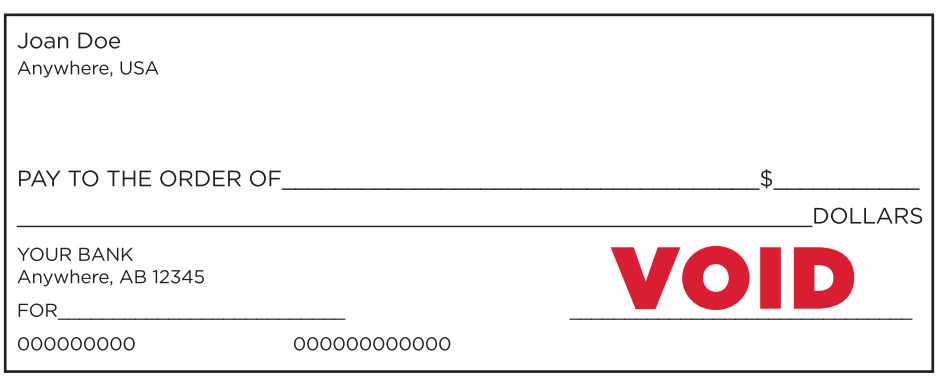
Print Name: _____

TAX EXEMPTION: ❑ No ❑ Yes If you are tax exempt, please attach a copy of your Exemption Certificate

ATTACH A VOIDED CHECK HERE

DO NOT attach a Deposit Slip, because they do not show the necessary information

You may contact our Accounting Department during normal business hours (7:30-4:30 EST) with any inquiries (866.705.5979).



ACH ELECTRONIC PAYMENT AUTHORIZATION FORM

Fax completed forms to **330.476.2757**
or email **acct@sscorp.com**

DOWNLOAD FORM