

ACH Payment Registration Form



Please return completed form to Lori Comtois at 774-396-6616 (fax), or lcomtois@clarkeliving.com

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name _____

I hereby authorize Clarke Customer Care (dba Certified Appliance Parts) "COMPANY" to initiate debit entries to the account listed hereafter "DEPOSITORY". I acknowledge that the origination of ACH transactions to this account must comply with the provisions of U.S. law. This authorization 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 DEPOSITORY a reasonable opportunity to act on it.

Statements will be delivered on the 1st business day of the month, and ACH debits will be initiated on the 3rd business day of the month.

Remit to Contact: _____

Remit to Email: _____

Bank Reference	
Bank Name (DEPOSITORY)	Bank Address:
Routing Number:	Account Number:
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Printed Name _____

Title _____

Signature _____