



Janitorial - Foodservice - Packaging - Office - Safety

**BANK DRAFT (ACH)  
ON FILE AUTHORIZATION**

This form authorizes Dutch Hollow Services & Supplies Inc. to securely store your bank account information and initiate ACH (bank draft) payments as authorized below. All information provided will be treated as confidential and used solely for payment processing and account administration purposes in accordance with your authorization.

**BUSINESS INFORMATION**

Legal Business Name:	
DBA (if applicable):	
Business Address:	
City / State / Zip:	
Phone Number:	
Billing Email:	

**PAYMENT AUTHORIZATION (Check One)**

<input type="checkbox"/> Debit my account automatically for all invoices following delivery of my supplies.
<input type="checkbox"/> Debit my account on the last day of the month for all open invoices on my account.
<input type="checkbox"/> Debit my account only after my authorization via email or phone for each transaction.

**BANK ACCOUNT INFORMATION**

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

## BANK DRAFT (ACH) AUTHORIZATION TERMS & CONDITIONS

By submitting this Bank Draft (ACH) Authorization, I authorize Dutch Hollow Supplies ("Company") to initiate electronic debit entries ("ACH debits") from the bank account identified on this form for payment of charges associated with my account, subject to the terms below.

I authorize the Company to debit my bank account for invoices, deposits, fees, or other amounts as specifically authorized by me, including payments made pursuant to agreed payment terms. Debits will not exceed the amounts owed and will only be initiated in accordance with the authorization I have provided.

I understand that this authorization will remain in effect until I revoke it in writing. I may revoke this authorization at any time by providing written notice to the Company; however, revocation will not apply to debits initiated prior to the Company's receipt and reasonable processing of such notice.

I acknowledge that all bank account information will be stored and handled securely and that ACH transactions are governed by the NACHA Operating Rules. I understand that invoices and statements are provided electronically and that it is my responsibility to review account activity and notify the Company promptly of any discrepancies.

If an ACH debit is returned or rejected for any reason, I understand that I remain responsible for payment of all outstanding balances. Returned or rejected payments may result in applicable fees, suspension of ACH privileges, or changes to payment terms as permitted by law and Company policy.

I certify that I am an authorized signer on the bank account listed and that I have the legal authority to authorize electronic debits for payments related to this account.

**Initials:** \_\_\_\_\_

### Auto-Draft Authorization

I understand that the submission of this form constitutes that I authorize Dutch Hollow Services & Supplies Inc. to automatically draft my bank account according to the payment option I selected.

### AUTHORIZED SIGNATURE

Authorized Signer Name (Print):	
Title:	
Signature:	
Date:	

### FORM SUBMISSION

Please return the completed and signed form using one of the following methods

**Email:** [accounting@dutchhollowsupplies.com](mailto:accounting@dutchhollowsupplies.com)

**Fax:** 618-236-2730

**Mail:** Dutch Hollow Supplies, 6218 Old St Louis Road, Belleville, IL 62223