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ACH Authorization form

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain confidential

Bank Information:

I (we) hereby authorize Eastland Food Corp ("COMPANY") to initiate credit entries to my (our) account listed below at the depository financial institution named below:

Select Type of Account: Checking Savings

Name on Account: _____

Bank Name: _____

Address: _____

Routing Number: _____

Account Number: _____

Customer and Invoice Information

Customer ID: _____ Customer/Store name: _____

Address: _____

Accounts Receivable Contact: _____

Phone: _____ Email: _____

Invoice No: _____

Invoice(s) amount: \$ _____ (USD)

AUTHORIZED SIGNATURE _____ **DATE** _____

PRINT NAME _____

Note: This authorization is to make a one-time charge the amount listed above to the account listed above.