



Electronic Check - Payment Authorization Form

I _____ hereby authorize Eastside Bulk Supply to charge my checking account at any time a balance is due for services rendered. I am aware a receipt for each purchase will be provided and the charge will appear on my checking account statement.

Please complete the information in the box below to authorize an electronic check payment (ACH).

Name on Check: _____

Address: _____

Bank Routing Number (These are the numbers in the lower left corner of your check):

Bank Account Number: _____

Email Address: _____

Customer Name: _____

Customer Title: _____

Customer Signature: _____

Eastside Bulk Supply - Po Box 825 Hopatcong, NJ 07943

Phone (973) 303-1200 Fax (973) 532-6504

www.eastsidebulk.com