



Heizwerthy ACH Payment Authorization

You authorize invoiced charges to your bank account. You will be charged the amount indicated on your invoice/statement according to your credit terms. A copy of the invoice or statement will be provided to you as notification. You agree that no other prior notification will be provided. This authorization is effective on the date signed and will remain in effect until I notify Heizwerthy in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next invoice/statement date. Any ACH Transaction being rejected for Non-Sufficient Funds (NSF) will incur a \$35 return fee. Heizwerthy will no longer accept ACH payments if an NSF charge is incurred.

Company Name: _____

Address: _____

State: _____ Zip: _____ Phone: _____

Accounts Payable Contact: _____

Phone: _____ Email: _____

Select Account Type: Business Checking Business Savings

Personal Checking Personal Savings

Account Name: _____ Bank Name : _____

Account Number: _____ Routing Number: _____

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____