



AUTHORIZATION FORM FOR ELECTRONIC DEPOSIT (ACH)

Company Name: _____

Please check the appropriate box and complete:

- Add an Electronic Deposit (ACH) account** to receive direct deposit payments (*Items A thru D below*).
A new account must go through a pre-note process before it becomes effective.
- Replace an existing Electronic Deposit (ACH) account with a new account** (*Items A thru D below*).
Account number you are replacing (*required*): _____
- Cancel the Electronic Deposit (ACH) account** (*Item C below*)

A. Bank Name: _____

B. Beneficiary Name on Account: _____

C. Bank Routing No. (9 digits): ____ _

D. Bank Acct No.: ____ _

Checking

Savings

- ❖ I authorize Detroit Trading Company to deposit payment as indicated into my account for all payments received by Detroit Trading on behalf of Company Name indicated above.
- ❖ If funds to which I am not entitled are deposited to my account, I authorize Detroit Trading Company to direct the bank to return said funds.
- ❖ I understand that an unforeseen delay in invoice processing by Detroit Trading Company, i.e. availability of check signers, or an outside entity, i.e. financial institution, due to computer downtime, power outages or other unavoidable occurrences, might affect the date of deposit of funds to my account.
- ❖ This authorization is to remain in full force and effect until Detroit Trading Company has received written notice to terminate this agreement.

Company Representative (Print)

Company Name (Print)

Company Representative (Signature)

Date