



ACH AUTHORIZATION

By signing this form, you authorize a single or scheduled/statement balance charge to your bank account as indicated below:

I _____ (Company Name) hereby authorize Excel Lighting & Electrical Supply Co. (Merchant) to charge my Bank Account

Recurring Charges

Payments will be applied for open balances on the account with prior e-mail notification from Merchant to Company of a specified balance to be debited/credited at least 24 hours prior to the ACH.

One-Time Charge

For the amount of \$ _____ (Amount \$) on _____ (Date) as payment for the following Invoice #'s _____.

If the payment date above falls on a weekend or holiday, I understand that the charge may be made on the following business day. This is permission for a single transaction only and does not provide authorization for any additional unrelated charges to my account.

BILLING INFORMATION

Billing Address: _____

Phone number: _____ Email Address: _____

PAYMENT INFORMATION

Bank account

Account type: [] Checking | [] Savings

Account name: _____

Bank name: _____

Account number (#): _____

Routing number (#): _____

I guarantee and warrant that I am an authorized user of this bank account and that I am legally authorized to enter into this billing agreement with the Merchant. I certify that I will not dispute this scheduled transaction (s) with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Authorized signature: _____ Date: _____

Print Name: _____ Title: _____