



ACH Payment Authorization Form

COMPANY NAME		ACCOUNT #
COMPANY ADDRESS		SUITE #
CITY	STATE	ZIP
PHONE	FAX	
CONTACT (ext / email)		ACCOUNTS PAYABLE CONTACT (ext / email)

AUTOMATED CLEARING HOUSE (ACH)	
Electronic Bank Routing Number	Bank Account Number

Payment will be on invoice number:

Special Instructions:

CUSTOMER AUTHORIZATION	
This form authorizes Patrician Window Coverings, Inc. to deduct for the invoices listed above. Customer agrees to have invoices paid via this Automated Clearing House (ACH) agreement with Patrician Window Coverings, Inc.	
Customer Signature	Date

Please return completed form via: email: lchuhran@patricianwindowcoverings.com fax: 281.990.0605

(FOR INTERNAL USE ONLY)	
Office	Date Submitted
Submitted by	Sales or AM Name / ID