

R.Y.O. Distribution, Inc.

**1 mountain Drive
Imlay City, MI 48444
Phone: 810-721-1000
Fax: 810-721-1011**

AUTHORIZATION AGREEMENT FOR ACH DEBIT

Account Name: _____

Address: _____

Phone : _____ Fax: _____

Bank Account Type: Checking Savings

Name: _____ (as it appears on bank account)

Name of Bank: _____

Bank Address: _____

Bank (ABA) Routing Number: _____

Bank Account Number: _____

I agree that this authorization will remain in effect until I provide written notification terminating this service. *(ACH transaction will occur on due date of invoice or next business day).*

Approval (Authorized signature for bank account) _____
Date

Printed Name: _____

Please submit completed form **AND voided check** to Accounts Receivable, fax number (810) 721-1011.

Thank You
R.Y.O. Distribution, Inc.
Account Receivable Dept.