



**PACIFIC PLUS**

IMPORTER AND EXPORTER OF FINE FOODS SINCE 1991

## ACH AUTHORIZATION FORM

Customer Name: \_\_\_\_\_

The Customer agrees to the ACH Debit method of payment. Pacific Plus International Inc. will initiate such debits by ACH Debit out of the Customer's bank account.

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ABA Routing/Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type: ☐ checking ☐ savings

☐ Submit a void check

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Information Provided By: \_\_\_\_\_

I understand that this payment plan may be cancelled by the Service Provider/Merchant due to NSF (Non-sufficient I Funds). I will be liable to pay an NSF fee of \$100.00, which may be automatically debited for each NSF.

Authorized Signature (must be an authorized signatory on account listed)

\_\_\_\_\_

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title

\_\_\_\_\_

Date

**This authorization shall remain in effect until revoked in writing (30 days prior notice) by an authorized representative of Customer.**

13241 Valley Branch Lane, #200 Farmers Branch, Texas 75234

TEL: 972-488-8338

FAX: 972-692-8087