

Electronic Payment Authorization Form

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Accounting Contact: _____

Accounting Contact Phone #: _____

Accounting Contact Email: _____

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Bank Routing #: _____

Bank Account #: _____

Name on Account: _____

I hereby authorize Empire Industries LLC to process payments via electronic means to the above mentioned account. I understand that after August 14, 2017, Empire Industries LLC will no longer be making payment via paper check, but will be utilizing Electronic Payment for all payments due.

Signature: _____

Title: _____

Date Signed: _____

Email: _____