

CHECK DRAFT AUTHORIZATION



PLEASE COMPLETE AND FAX TO 817-922-0656 OR E-MAIL TO L.SAVAGE@ACSUPPLYTEXAS.COM

I _____ AUTHORIZE AC SUPPLY COMPANY, INC. TO INITIATE FUNDS FROM THE CHECKING ACCOUNT INDICATED BELOW. I ALSO AUTHORIZE MY DEPOSITORY FINANCIAL INSTITUTION TO HONOR THESE TRANSFERS.

PLEASE CHECK ONE BOX (REQUIRED)

- THIS AUTHORIZATION IS VALID FOR THIS TRANSACTION ONLY.
THE TRANSACTION AMOUNT WILL BE \$ _____ (TRANSACTION AMOUNT REQUIRED)
- THE AUTHORIZATION IS VALID FOR YEARLY QUARTERLY MONTHLY WEEKLY (CHECK ONE)
TRANSACTIONS, THE TRANSACTION AMOUNT WILL BE \$ _____. (TRANSACTION AMOUNT
REQUIRED)
- THIS IS AN OPEN AUTHORIZATION TO ALLOW DEBITS TO MY ACCOUNT FOR AMOUNTS WHICH WILL
VARY PER TRANSACTION BASED ON THE ORDER AMOUNT.

I HAVE READ AND AGREE TO ALL OF THE TERMS AND CONDITIONS ON THIS PAGE AND ANY OTHER CONTRACT OR DOCUMENT THAT ACCOMPANIES THIS AGREEMENT. I CERTIFY THAT I AM THE AUTHORIZED ACCOUNT HOLDER FOR THIS CHECKING ACCOUNT. I UNDERSTAND THIS IS A BINDING AGREEMENT AND I WILL RECEIVE A COPY OF EACH CHECK DRAFT IN MY STATEMENT WHEN THE ITEM HAS CLEARED.

I UNDERSTAND THAT ALL RETURNED CHECKS ARE SUBJECT TO A \$30.00 NSF FEE. THIS AGREEMENT WILL REMAIN IN EFFECT UNTIL AC SUPPLY COMPANY, INC RECEIVES MY WRITTEN NOTICE OF CANCELLATION VIA MAIL, FAX OR E-MAIL.

AUTHORIZES ACCOUNT HOLDER SIGNATURE (REQUIRED)

DATE (REQUIRED)

ATTACH COPY OF YOUR CHECK HERE (REQUIRED)

THEN E-MAIL TO L.SAVAGE@ACSUPPLYTEXAS.COM

OR FAX TO (817) 922-0656

OR

MAIL TO

AC SUPPLY COMPANY INC

PO BOX 11340

FORT WORTH, TX 76110