

ACH COLLECTION AUTHORIZATION FORM

This Preauthorized Debit Authorization Form ("this Form") must be completed and returned to RIVERSIDE PAPER SUPPLY COMPANY ("Company") before any preauthorized debits may occur.

Customer Name (Print) _____

(Please mark one)

() I/We hereby authorize preauthorized debits.

() I/We currently have preauthorized debit, but want to change my/our financial institution and account information.

Physical Address:

Billing Information

Physical Address: _____

Billing Address: _____

City, State: _____

City, State: _____

Zip: _____

Zip: _____

ACH Contact Email Address: _____

ACH Contact Phone Number: _____

Bank ACH Information

Type of Account: Checking/Savings

Name on Account: _____

Bank Name: _____

Account number: _____ Routing number: _____

ACH Collection Frequency: As Needed Weekly Bi-Weekly Monthly

For ACH debits to my checking account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of an ACH transaction being rejected for non-sufficient funds (NSF), I understand that Riverside Paper Supply Company may at its discretion attempt to process the charge again within 30 days and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. I certify that I am an authorized user of this bank account and will not dispute Riverside Paper Supply Company billing my bank account so long as the transaction corresponds to the terms indicated in this authorization form.

Authorized Signature

Date

Printed Name

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FOR OFFICE USE ONLY

Authorized Signature

Date