



3777 Sky King Boulevard • Kalamazoo, MI 49009-6953
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AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)

Name: _____

SS# (TIN#) _____

Address: _____

City/State/Zip _____

I hereby authorize Lake Michigan Mailers, Inc. to initiate debit entries and if necessary credit entries and adjustments for any debit/credit entries in error from the depository and account listed below.

Company Name: _____

Depository Name: _____

Branch: _____

City: _____ **State:** _____ **ZIP:** _____

Routing Number: _____ **Account Number:** _____

Select One: **Checking** **Savings**

This authority is to remain in full force and effect until Lake Michigan Mailers, Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Lake Michigan Mailers, Inc. and DEPOSITORY 10 business days to act on it.

Signed: _____ Date: _____

Name (please print): _____

This authorization should be used by Lake Michigan Mailers, Inc. for the following:

- ___ Postage Charges Only
- ___ Handling Charges and Fees Assessed by Lake Michigan Mailers, Inc.
- ___ All Charges Assessed by Lake Michigan Mailers, Inc.

PLEASE ATTACH VOIDED CHECK