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AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company
Name: _____

I (we) herby authorize LMCurbs/Longview Mechanical Contractors, Inc., herein called Company, to initiate debit entries to my (our):

Checking Account indicated below at the depository financial institution named below, herein called DEPOSITORY, and to debit the same to such account, **solely in the event that payment does not meet our NET 30 terms we will then debit your account at day 40.** I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository
Name: _____ Branch: _____

Account Name: _____

City: _____ State: _____ Zip: _____

Routing Account
Number: _____ Number: _____

Debit amount authorized: \$ _____

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and depository a reasonable opportunity to act on it.

Name(s) _____
(please print)

Date _____ Signature _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

***** ATTACHED COPY OF VOIDED CHECK*****