



Direct Debit/Credit ACH Authorization Form

Instructions: Complete form, print out, sign, fax to 316-263-4511.

I hereby authorize McCormick-Armstrong Co., Inc. and their financial institution, Intrust Bank, to initiate electronic credit/debit entries to my account listed below according to the information provided.

Financial Institution: Branch:

Address: CSZ:

Routing Number Account Number

Check one: Checking Account Savings Account Other:

CHECK ONE:

This authority is to remain in full force and effect until McCormick-Armstrong has received written notification of its termination.

This authority is for a one time debit according to the information provided below.

Payment for McCormick-Armstrong invoice(s)

No.	<input type="text"/>	Amount of payment \$	<input type="text"/>
No.	<input type="text"/>	Amount of payment \$	<input type="text"/>
No.	<input type="text"/>	Amount of payment \$	<input type="text"/>
No.	<input type="text"/>	Amount of payment \$	<input type="text"/>

Print Name

Authorized Signature

Date