

# Electronic Check Authorization Form

I authorize payment in **US Dollars** to be remitted to **AVAC Corporation** for specific orders I place with AVAC Corporation to be paid by electronic check using the information below.

\_\_\_\_\_  
AVAC Customer Number:

\_\_\_\_\_  
Phone Number:

\_\_\_\_\_  
Name as it appears on your check: (please print)

\_\_\_\_\_  
Contact Name: (if a business)

\_\_\_\_\_  
Address:

\_\_\_\_\_  
City:

\_\_\_\_\_  
State/Province:

\_\_\_\_\_  
Zip/Postal Code:

\_\_\_\_\_  
Your Driver's License Number

\_\_\_\_\_  
State

## Bank Routing Information:

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Bank Name:

\_\_\_\_\_  
Bank Phone Number:

I promise to pay such amount as noted on AVAC's Invoice subject to and in accordance with the agreement governing the use of this service. I acknowledge that there is a fee related to this transaction which has been added to the invoice.

Authorized Signature:

\_\_\_\_\_

Please **fax** back to **AVAC** at **651-224-2674** or **800-852-4733**.

*Charges will be electronically processed by "AVAC Corporation" as a normal check.*