



ELECTRONIC PAYMENT/ACH CREDIT AUTHORIZATION FORM

ADD DELETE CHANGE _____

I/We hereby authorize Loggerhead Deco Wisconsin Incorporated to initiate credit entries to the financial institution and account indicated below. This authority is to remain in full force and effect until Loggerhead Deco Wisconsin Incorporated receives written notification of its termination.

Please remit executed form to cindi@loggerheaddeco.com

Section 1 (Company Information)

Company Name: _____

Address: _____

Telephone #: _____ Federal Tax ID #: _____

Authorize Representative Name: _____

Authorize Representative Signature: _____

Remittance Email Address: _____

Section 2 (Bank Information)

Direct Deposit-Account Holders Name: _____

Financial Institution Name: _____

Address: _____

Telephone #: _____

Account Type: Checking Deposit Only

Routing #: _____ Account #: _____