





# LOGGERHEAD DECO WISCONSIN INCORPORATED PAYMENT AUTHORIZATION FORM

ECHECK		(COMPLETE APPLICABLE FIELDS AND EMAIL TO ACCOUNTING@LOGGERHEADDECO.COM)	
AMOUNT	\$ _____		
ACCOUNT TYPE	CONSUMER CHECKING <input type="checkbox"/>		
(SELECT ONE)	CONSUMER SAVINGS <input type="checkbox"/>		
	BUSINESS CHECKING <input type="checkbox"/>		
	BUSINESS SAVINGS <input type="checkbox"/>		
ROUTING NO.	_____		
ACCOUNT NO.	_____		
CONSUMER ACCOUNT FIRST NAME/LAST NAME	_____		
OR	_____		
BUSINESS ACCOUNT COMPANY NAME	_____		
PHONE	____ - ____ - _____		
<b>CUSTOMER AUTHORIZATION</b>			
<p><i>We understand that you agree to let <b>LOGGERHEAD DECO WISCONSIN INCORPORATED</b> electronically debit your bank account or create and process a demand draft against your bank account in the amount entered above on or after today's date.</i></p> <p><i>We will email you a confirmation of this transaction.</i></p> <p><i>Should your payment return unpaid, you authorize us to debit your bank account or process a demand draft for a returned check service charge of \$25.00.</i></p> <p><i>If you have any questions, please contact: <b>LOGGERHEAD DECO WISCONSIN INCORPORATED</b> at 608.234.5018.</i></p>			
AUTHORIZED BY	_____	DATE	_____
EMAIL ADDRESS TO SEND RECEIPT	_____		

CREDIT CARD		(COMPLETE APPLICABLE FIELDS AND EMAIL TO ACCOUNTING@LOGGERHEADDECO.COM)	
AMOUNT	\$ _____	NOTE THERE IS A MERCHANT FEE OF	  
		3.4% FOR MC/VISA & 4% FOR AMEX	
CREDIT CARD NUMBER	_____		
EXPIRATION DATE MONTH	_____ (MM)		
EXPIRATION DATE YEAR	_____ (YY)		
CARDHOLDER NAME	_____		
CARD SECURITY CODE	_____		
CARDHOLDER BILLING STREET ADDRESS	_____		
CARDHOLDER BILLING ZIP CODE	_____		
COMMENT (INV/JOB#)	_____		
AUTHORIZED BY	_____	DATE	_____
EMAIL ADDRESS TO SEND RECEIPT	_____		