

Puff E-Cig, Inc.

1 Mountain Dr.
Imlay City, MI 48444
Phone: 810-721-0590
Fax: 810-721-1455

AUTHORIZATION AGREEMENT FOR ACH DEBIT

Account Name: _____

Address: _____

Phone: _____ Fax: _____

Bank Account Type: Checking Savings

Name: _____ (as it appears on bank account)

Name of Bank: _____

Bank Address: _____

Bank (ABA) Routing Number: _____

Bank Account Number: _____

I agree that this authorization will remain in effect until I provide written notification terminating this service. *(ACH transaction will occur on due date of invoice or next business day).*

Approval (Authorized signature for bank account)

Date

Printed Name: _____

Please submit completed form **AND voided check** to Accounts Receivable, fax number (810) 721-1455

Thank You
PUFF E-CIG
Account Receivable Dept.