PORTLAND PAPER PRODUCTS
& JANITORIAL SUPPLIES

ACH Payment Authorization

APPLICANT'S AUTHORIZATION & AGREEMENT

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated on each invoice. A receipt for each payment will be provided to you and the charge will appear on your bank statement as an "ACH Debit". You agree that no prior-notification will be provided.

I [print name]_____, of the applicant corporation/company hereby authorize Portland Paper Products to charge my bank account indicated below for any open invoice(s) under my account.

BILLING INFORMATION

Street Address	Phone
City, State, Zip	Email

BANK DETAILS

☐ Checking ☐ Savings	**Please attach a copy of your voided check**
Account Name	
Bank Name	
Account Number	
Routing Number	

APPLICANT'S AUTHORIZATION & AGREEMENT

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Portland Paper Products in writing of any changes in my account information or termination of this authorization.

For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the invoice is billed. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Portland Paper Products may at its discretion attempt to process the charge again within 30 days, and agree to an additional $35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE (must be signed by account holder)	Date
Print Name	Title