

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.