



Electronic Check / ACH Authorization Form

I authorize Profoam Corporation, and/or its Supplier, to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

****Please note, Profoam WILL NOT accept Electronic Checks / ACH Payments for any invoices over \$15,000.****

CHECK ONE:

ONE TIME CHARGE \$ _____

KEEP MY BANK ACCOUNT INFORMATION ON FILE FOR FUTURE PURCHASES

****Please note that if "ONE TIME CHARGE" is selected or an amount is specified on this form, you will have to refill out this form for future purchases****

Terms

Starting on _____ (today's date) and subsequently debited at any time for the amount owed to merchant as detailed in Invoice #/#'s or Sales Order #/#'s.

Bank Information

Name of Bank: _____

Name on Bank Acct: _____

Bank Routing Number: _____

Bank Account Number: _____

Bank Account Type : _____
(personal or business checking or savings account)

This payment authorization is to remain in full force and effect until I, _____, notify Profoam Corporation, of its cancellation by sending written notice in such time and in such manner to allow Profoam Corporation and the receiving financial institution a reasonable opportunity to act on it.

Signature of Authorized User

Authorized User Name

Date Signed

Customer Phone Number

****Copy of a voided check must be received****