



eCHECK AUTHORIZATION FORM

UPDATED October 2015

Please fill out, then print, sign, scan and email this completed form to sales@dwgdistribution.com.

If you do not have a scanner you may fax the form to 516-933-4910, and email sales@dwgdistribution.com to confirm the fax was received.

NOTE: For first time eCheck from this bank account, please include a copy of a voided check.

I authorize DWG to initiate either an electronic debit or to create and process a demand draft against my bank account on or after

Date: _____

for the amount of \$ _____

Company Name: _____

DWG Account Number: _____

I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States Law. My account information is as follows:

Bank Information

Account holder name as it appears on bank statement: _____

Account holder phone number: _____

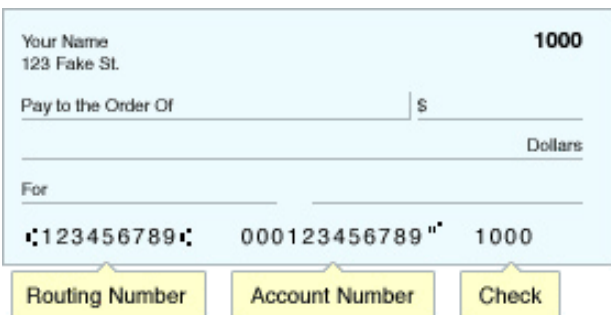
Bank ABA Routing Number: _____

Bank Account Number: _____

Check # or Ref: _____

Bank Account Type: _____

(Personal Checking/Savings/Business Checking)



[Customer Signature] _____

[Customer Printed Name] _____

[Date Signed] _____