

ACH Debit & Credit Authorization Form

Peach State Lumber Products, Inc.
4000 Moon Station Rd NW
Kennesaw, GA 30144
Phone: (770) 428-3622
Email: tmelton@peachstatelumber.com

Customer Information

Customer Name: _____

Company Name (if applicable): _____

Address: _____

City, State, ZIP: _____

Phone: _____ Email: _____

Bank Account Information

Bank Name: _____

Routing Number: _____ Account Number: _____

Account Type: ☐ Checking ☐ Savings

Authorization

I (we) hereby authorize **Peach State Lumber Products, Inc.** to initiate electronic debit entries to my (our) account indicated above, and if necessary, to initiate credit entries and adjustments for any transactions processed in error.

This authorization is for payments related to purchases, invoices, or services provided by Peach State Lumber Products, Inc., and may include **one-time or recurring** transactions, depending on our agreement.

I understand that this authorization will remain in effect until I provide written notice to **Peach State Lumber Products, Inc.** at least **10 business days** before the scheduled debit date.

Signature: _____

Printed Name: _____

Date: _____

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