



OFFICE SOLUTIONS
(866) 976-2679 HilliardOS.com

ACH Authorization

_____ (“Client”), whose customer number(s) is/are _____, hereby authorizes Hilliard Office Solutions, Inc. (“HOS”) to initiate debit entries to Client’s bank account with respect to amounts due and payable by Client to HOS from time to time hereafter. This Authorization is to remain in full force and effect until Client provides written notification, via Certified Return Receipt with signature mailing, to HOS terminating this Authorization.

CLIENT’S BANKING INSTITUTE Information:

Name: _____
Address: _____
Phone: _____

CLIENT BANK ACCOUNT Information:

Name: _____
Routing #: _____
Account #: _____

Printed Name of Authorized Signer on Account: _____

Signature of Authorized Signer on Account: _____

Your payment will be processed within 10 days of the invoice due date.

Please include a VOIDED check for this account when returning this completed and signed Authorization.

Signed: _____ Dated: _____

Printed Name: _____ Title: _____

Please email completed form to: hosar@hilliardos.com