

**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](mailto:hosar@hilliardos.com) or mailed to: Hilliard Office Solutions, Attn: AR, PO Box 1149, EMORY, TX 79404