



Please use to conveniently pay for your order in advance.

COMPANY NAME

CUSTOMER CODE

PREAUTHORIZED PAYMENT

FOR INTERNAL USE ONLY	
<input type="checkbox"/>	Check here if customer is requesting online payments.
<input type="checkbox"/>	Check here if customer is requesting ACH payments only.

I (We) hereby authorize Decore-ative Specialties to initiate an electronic debit to my (our) checking account on

_____ in the amount of \$ _____
DATE DOLLAR AMOUNT

from the depository institution named on my (our) voided check and to identify my (our) ACH routing transaction number, and debit the above amount from my (our) checking account.

To complete this transaction, please FAX a copy of a voided check to our credit department at (626) 254-6799.

DEPOSITORY NAME	BRANCH	
CITY	STATE	ZIP CODE
TRANSIT / ABA NUMBER	ACCOUNT NUMBER	

 SIGNATURE

 SIGNATURE

 PRINT NAME

 PRINT NAME