



Please use to conveniently pay for your order in advance.

COMPANY NAME

CUSTOMER CODE

PREAUTHORIZED PAYMENT

FOR INTERNAL USE ONLY

- ☐ Check here if customer is requesting online payments.
☐ Check here if customer is requesting ACH payments only.

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

_____ in the amount of \$_____ from the depository
DATE DOLLAR AMOUNT
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