



**M.J. Kellner Co., Inc.
ACH/Direct Debit Authorization**

Customer Information Needed:

Name: _____

Street Address: _____

City, State, Zip: _____

Amount to Be Deducted (*no set amount – will vary depending on choice below*):

Total Balance Due OR Previous Week's Purchase(s)

To be processed weekly on:

Monday Tuesday Wednesday Thursday Friday
 Immediate Deduction (day of week could vary with Immediate Deduction)

Bank Information Needed (or ATTACH A VOIDED CHECK):

Bank Name: _____

Routing Number (9digits): _____

Account Number: _____

I hereby authorize M.J. Kellner Co., Inc. to debit my bank account according to the instructions above until these directions have been revoked in writing.

Signature*

Date

Notification email address: _____

- An email will be sent to you stating the amount of the ACH transaction and invoice(s) being paid.

* *Typed Signature acts as Personal Signature*

** *Please allow up to two business days for payment activity to appear in your bank account.*