

# Inclinor Company of America Auto Debit (ACH) Authorization Form

I hereby authorize Inclinor Company of America, hereinafter called COMPANY, to initiate debit entries and to initiate if necessary credit entries and adjustments for any debit entry in error to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such amount. This authority is to **remain in effect until COMPANY has received written notification from me (or either of us) of its termination** in such time and in such manner as to afford Company and DEPOSITORY a reasonable opportunity to act on it.

**CHECK PREFERENCES BELOW:**

- ( ) **YES** – I would like to participate in the Auto Debit Program. Please debit my account based on the information below. I understand that the debit will be for \$ \_\_\_\_\_ . The debit date will be on \_\_\_\_\_.
- ( ) **CHANGE** - Please make changes to my Auto Debit Account based on the information below.
- ( ) **STOP** - Please stop my participation in the Auto Debit Program.

<b>Name of Financial Institution</b>	<b>Routing #</b>	<b>Account # to Debit</b>	<b>Type of Account</b>	
<b>Financial Institution Address</b>		<b>City/State</b>		<b>Zip Code</b>
<b>Name of Authorizing Party – Print Name Clearly</b>	<b>Address</b>		<b>City/State</b>	<b>Zip Code</b>
<b>Signature of Authorizing Party</b>			<b>Date</b>	
<b>Payment Remittance Instructions (Invoice # or Order ID):</b>			<b>Payment Amount:</b>	

**\*\*YOU MAY MAIL-IN TO ADDRESS ABOVE OR FAX-IN AUTO DEBIT FORM\*\***

**TAPE YOUR VOIDED CHECK – BELOW**

**Return the completed and signed form to the following:**

Inclinor Company of America  
 Attn: Accounts Receivable  
 601 Gibson Blvd.  
 Harrisburg, PA 17104  
 Email: [Jennifer.jeffcoat@inclinor.com](mailto:Jennifer.jeffcoat@inclinor.com)  
 Fax: 717-939-8076