



3777 Sky King Boulevard • Kalamazoo, MI 49009-6953  
Phone: 269-383-9333 • Fax: 269-383-0790  
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**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)**

Name: \_\_\_\_\_

SS# (TIN#) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I hereby authorize Lake Michigan Mailers, Inc. to initiate debit entries and if necessary credit entries and adjustments for any debit/credit entries in error from the depository and account listed below.

**Company Name:** \_\_\_\_\_

**Depository Name:** \_\_\_\_\_

**Branch:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Select One:**  **Checking**  **Savings**

This authority is to remain in full force and effect until Lake Michigan Mailers, Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Lake Michigan Mailers, Inc. and DEPOSITORY 10 business days to act on it.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

This authorization should be used by Lake Michigan Mailers, Inc. for the following:

- \_\_\_ Postage Charges Only
- \_\_\_ Handling Charges and Fees Assessed by Lake Michigan Mailers, Inc.
- \_\_\_ All Charges Assessed by Lake Michigan Mailers, Inc.

**PLEASE ATTACH VOIDED CHECK**