



Longshore Distribution  
4970 Commerce. Dr. Fredericksburg, VA 22408  
540-710-6440

AUTHORIZATION FOR AUTOMATED CLEARING HOUSE (ACH) DEBITS

CUSTOMER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FED. TAX ID# \_\_\_\_\_

This is to certify that **Longshore Distribution (LD)** may debit, using established banking Industry ACH procedures, the bank account identified below to effect payment for **LD** invoices to the customer in accordance with the sales terms of those invoices.

BANK ID (ABA#) \_\_\_\_\_

BANK ACCOUNT NUMBER \_\_\_\_\_

BANK NAME: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Officer, Partner or owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Please Print or Type Name Signed Above

This authorization is to remain in full force and until **LD** has written notification, from the customer, of its termination in such time and manner as to afford **LD** a reasonable opportunity to act on it.

(PLEASE SEND VOIDED CHECK WITH THIS FORM)