



121 Main Street, Freeport OH 43973 ph 1.740.658.3315 fax 1.740.658.3963

Direct Debit/Credit ACH Authorization Form

Instructions: Complete form, print out, sign, fax to 740-658-3963.

I hereby authorize **Freeport Press Inc.**, hereinafter called **Company** and the **Financial Institution** named below, to initiate electronic credit/debit entries to my account listed below according to the information provided.

Financial Institution: Branch:

Address: CSZ:

Routing Number: Account Number:

Check one: Checking Account Savings Account Other:

CHECK ONE:

This authority is to remain in full force and effect until **Company** has received written notification from me of its termination in such time and manner as to afford **Company** and **Financial Institution** a reasonable opportunity to act on it.

This authority is for a one time debit according to the information provided below.
Payment for Freeport Press Inc. invoice(s)

No.	Amount of payment \$
No.	Amount of payment \$
No.	Amount of payment \$
No.	Amount of payment \$

Print Name

Authorized Signature

Date