



ACH Authorization Form



(*All fields are required)

Vendor Information

Business Name: _____

Address: _____

Accounts Receivable Name: _____ Phone: _____

E-Mail: _____

Remittance Advice Method

E-Mail 1: _____

E-Mail 2 (if needed): _____

Bank Information

Account Type: Checking Savings

Bank Name: _____

Bank Account Number: _____

Bank ABA (Routing) Number: _____

Bank Address: _____

Bank Phone: _____

Authorization Agreement

I hereby authorize Anchorage Sand & Gravel Co., Inc. and/or Fairbanks Materials, Inc., hereinafter called COMPANIES, to make deposits (credit entries) to our account listed at the depository financial institution named above, hereinafter called DEPOSITORY. In the event that an incorrect amount should be deposited into my account I authorize COMPANIES and DEPOSITORY to make the appropriate debit adjustment entries.

This authorization shall remain in full force and effect until COMPANIES have received notification to terminate in such time and manner as to afford COMPANIES and DEPOSITORY a reasonable opportunity to act on it.

Authorized Signature Date

Printed Name Title

Return form to AP@anchsand.com

Apr-2024