

-

Authorization Agreement For Automatic Payment (ACH)

Please select one of the follo	owing:				
First time request for	ACH Payments	Request to change ACH payment information			
The following bank informa	tion applies to:				
Vendor Name:					
Vendor Address:					
City:	State:	Zip:			
Bank Account Information: Bank Name:	account (and, erroneous cre	I hereby authorize Pengate Handling Systems, Inc. to electronically credit my account (and, if necessary, to electronically debit my account to correct erroneous credits. I agree that ACH transactions I authorize comply with all applicable law. (NO SAVINGS ACCOUNTS)			
Bank Address:					
	G				
City:	State:	Zip:			
Routing/ABA #:	Bank	Bank Account:			
Bank Ref (ACH Type):					
Deposit Notification:		I hereby authorize the following individual to receive notification via email of payment (details of all funds deposited) to the above account:			
	Name:				
	Email:	Email:			
	Title:				
	Phone:				
•		l Pengate Handling Systems, Inc. has received written notification ngate Handling Systems, Inc. and Depository a reasonable			
Return form and voided check or ba Officer Name:	0	Pengate.com Title:			
Signatura		Date			

Signature:	Date:		
Office Use Only: Verified By:	Date:	Authorized By:	Date:
			-

Serving Pennsylvania • New York • Ohio • West Virginia • Massachusetts • Vermont • Delaware • New Jersey

