

AUTOMATIC DEPOSIT (ACH) REQUEST

Fill out the information below to authorize automatic deposit and return the completed form with a **voided check** to the Allen Lund Company, Accounting Department. Please allow approximately 15 working days for your automatic deposit to become effective.

Company Name:		Federal Tax ID# / SS#:	
Company Phone Number:		Remittance E-mail:	
Remit to company name if different from company name listed above (i.e. factoring company):			
Street Address Line 1:		Contact:	
Line 2:		Contact Phone Number:	
City:	State/Province:	Country:	Postal Code:

Beneficiary Account Name:		Type of Account (SELECT ONE): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Beneficiary Account Number (DDA):		Routing (ABA) Number:	
Banking Institution's Name:		Banking Institution Phone Number:	
City:	State/Province:	Country:	Postal Code:

I authorize you and the banking institution listed to deposit funds automatically to the account. If funds to which I am not entitled are deposited to this account, I authorize you to direct the banking institution to return said funds. This authority will remain in effect until I have cancelled it in writing.

Print Name of Approver

Signature of Approver

Approving Officer Title

MC Number Date

Options for submission of this form.

Select one of the following methods:

1. Email to direct-deposit@allenlund.com
2. Mail hard copy of request with relevant attachments to the Allen Lund Company, Attention: Accounting, P.O. Box 1369, La Cañada, CA 91012.
3. Fax completed request with relevant attachments to (800) 777-6352.