

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.

Factoring Company Name:			
Company Phone Number:		Remittance E-mail:	
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 (required)

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 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.