

# ACH Authorization Form

**Campbell Portable Buildings, Ltd.**

P.O. Box 2108

Center, TX. 75935

Phone Number: 936-598-3389

Fax Number: 936-590-4001

Website: [www.campbellportablebuildings.com](http://www.campbellportablebuildings.com)

E-mail Address: [rto@generalshelters.com](mailto:rto@generalshelters.com)

Date:

Contract #

Customer Information	Customer Account Number
Customer Name: _____	ID DL# (Required): _____
Name on Account/Card _____	Social Security Number: _____
Home Address: _____	Home Phone: _____
City, Zip: _____	Work Phone: _____

Financial Institution	Type of Account
Name of Institution: _____	<input type="checkbox"/> Personal Checking <input type="checkbox"/> Personal Savings
Bank Account or Credit Card #: _____	<input type="checkbox"/> Business Checking <input type="checkbox"/> Credit Card
Bank Routing Number   :   : _____	Exp Date if Credit Card: _____

Payment Information
<ul style="list-style-type: none"><li>Please debit ongoing payments of \$ _____ from my checking/ savings account or credit card on after the _____ day of each month until this contract has been terminated or paid out .</li></ul>
First Payment Date _____

AUTHORIZATION	
<p>I authorize the electronic debit or debits to my account as outlined in the above form. I understand and agree that the electronic debit will continue until the total amount due plus any return fees are collected or until I revoke this authorization. This authorization is also applicable to any new account information, payment amounts, and/or payment dates provided by me at some future time for the purpose of completing my account.</p> <p><b>CHANGE OF INFORMATION:</b> I agree to notify verbally to (936) 598-3389 or in writing to the above address fifteen (15) or more days prior to any change to the account and/or closing of the account shown above and/or any change or situation that may affect debiting the payment. I further agree to pay and authorize a \$0.00 debit if I change bank account or payment information.</p> <p><b>RETURNS:</b> I authorize the state authorized fee or returned item fee in the amount of <b>\$25.00</b> to be debited from my account if a debit is returned unless the returned item was the result of an error by the processor.</p> <p><b>CANCELLATION:</b> Upon payment in full, I understand that I may cancel the electronic debit authorization by providing written notice to the address above fifteen (15) or more days prior to the last payment due date.</p>	
_____ Signature	_____ Date