



PO Box 480
480 New Bethel Road
Carnesville, GA 30521
Phone: (678) 528-8516 Fax: (706) 384-4644
email: weaverar@weaverparts.com

ACH / Payment Check by Phone Authorization Form

ACCOUNTHOLDER INFORMATION

Accountholder name
Name of Bank
Bank street address
City, State, Zip
Bank account number
Routing number of bank
(9 digits listed on bottom of your checks)
Account Type (Check one) Checking Savings Other:
Phone number
Cell number
Email address

INVOICE INFORMATION

Invoice, Purchase order
or Reference number
Amount to charge bank account

PAYMENT AGREEMENT

I (we) hereby authorize Weaver Automotive's financial institution to debit my (our) account for the amount listed above.
I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Accountholder Signature
Date

Please fax this form and copy of voided check to (706) 384-4644 for ACH/check by phone transactions.