



EG THREADS

Your Impression.  Our Experience. 

ACH INFORMATION REQUEST FORM

Date: _____

I, _____, authorize the vendor listed below to charge or credit my account for agreed-upon purchases. I also consent to the vendor securely storing my credit card information for future transactions.

EG Threads Account #: _____

Name on Bank Account: _____

Bank Routing Number: _____

Bank Account Number: _____

Billing Address: _____

Authorization Options (Check One):

Charge for a one-time transaction of \$ _____
 Keep account on file, with prior approval for each future transaction

By signing below, I confirm that I am an authorized user of this bank account and that I approve the transaction(s) as outlined above. I understand that I may request to have my account information removed from file at any time by providing written notice.

Signature: _____ **Date:** _____

Printed Name: _____

Please email the completed form to accounting@egthreads.com