



# 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***