



# Payment Authorization Form

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✉ Contact@trimlightoregon.com

📄 CCB# 243487

By completing and signing this Payment Authorization Form, you authorize C&T Trimlight LLC to initiate electronic funds transfers (ACH debits) from the bank account provided below for payments related to invoices, services, or agreements between you (the customer) and C&T Trimlight LLC. This authorization will remain in effect until you notify us in writing to cancel it.

## CUSTOMER INFORMATION

Customer Name / Business Name: \_\_\_\_\_

## BANK ACCOUNT INFORMATION

Name on Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

(This is typically located on the bottom of your check.)

## AMOUNT AUTHORIZED

Amount Authorized: \$ \_\_\_\_\_

This is the maximum amount C&T Trimlight LLC is authorized to withdraw per payment unless otherwise agreed in writing.

## AUTHORIZATION

I (we) authorize C&T Trimlight LLC to initiate ACH debit entries to the bank account provided above for the amounts due on invoices or agreements. I (we) understand that these payments will be processed electronically and may occur on the due date of each invoice or according to the agreed payment terms.

I (we) understand that I (we) may cancel this authorization at any time by providing written notice to C&T Trimlight LLC. I (we) also understand that cancellation will not apply to any payments that have already been processed.

If any ACH transaction is returned for insufficient funds (NSF), I (we) agree to pay any applicable fees charged by C&T Trimlight LLC.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete, sign, and email this form to [Contact@trimlightoregon.com](mailto:Contact@trimlightoregon.com)