

Payment Options – ACH

I (we) hereby authorize Tri-State Carbonation, to initiate debits from my (our) bank account at the financial institution* listed below. This authority will remain in effect until Tri-State Carbonation or one of its affiliates are notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act upon it.

Customer Name: _____ Account #: _____

Address: _____

ACH Authorization						
Name of Financial Institution: _____						
Name on Bank Account: _____						
Bank Account #: _____						
Routing #: _____						
<i>Please note that all ACH Transactions will be processed anywhere from 24 hours to 1 week from the scheduled service/delivery date. Any incorrect information given for processing may result in additional fees applied to the account.</i>						
<table border="0"><tr><td style="text-align: center;">⑆0⑆2345678⑆</td><td style="text-align: center;">0⑆234567890⑆23⑆</td></tr><tr><td style="text-align: center;"> ----- </td><td style="text-align: center;"> ----- </td></tr><tr><td style="text-align: center;">Bank Routing Number</td><td style="text-align: center;">Bank Account Number</td></tr></table>	⑆0⑆2345678⑆	0⑆234567890⑆23⑆	-----	-----	Bank Routing Number	Bank Account Number
⑆0⑆2345678⑆	0⑆234567890⑆23⑆					
-----	-----					
Bank Routing Number	Bank Account Number					

Customer Signature: _____

Email: _____

Date: _____

Return to: P.O. Box 333, Thompsonville NY 12784

Save a stamp & email: info@tcsco2.com

Fax: 845.794.0238

Ver. 04/26

