

ACH AUTHORIZATION FORM

S & S Fashions, Inc.

Office 212 290 0009 Fax: 212-208 2953

941 Longfellow Ave, Bronx, NY 10474

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize **S & S Fashions, Inc.**, to initiate debit entries to our account indicated below at the depository financial institution named below and to debit the same to such account.

Bank Account Information

Bank Name: _____

Bank Address: _____

City, State, ZIP: _____

Routing Number (9 digits): _____

Account Number: _____

☐ **Checking Account**

☐ **Savings Account**

Customer Information

Company/Individual Name: _____

Address: _____

Phone: _____

Email: _____

This authorization is to remain in full force and effect until S & S Fashions, Inc. has received written notification from me (or us) of its termination in such time and manner as to allow S & S Fashions, Inc. and the Bank a reasonable opportunity to act upon it.

Authorized Signer(s)

Authorized Signer #1:

Name (Print): _____

Title: _____

Signature: _____

Date: _____

Authorized Signer #2 (if applicable):

Name (Print): _____

Title: _____

Signature: _____

Date: _____