

ALLEN ARMS TACTICAL

SILENCER DISTRIBUTION

1208 POINSETT HIGHWAY - GREENVILLE, SC 29609 - allenarmstactical.com - (864) 509-1196

ACH PAYMENT AUTHORIZATION

DIRECTIONS:

1. Attach a VOIDED check onto the template where indicated.
2. Complete BANK DETAILS information, sign and date this form.
3. Email completed form to orders@allenarmstactical.com in **PDF FORM ONLY**.

BANK DETAILS

Account Type : **(CHECK ONE)** ☐ Checking ☐ Savings

Customer Name : _____

Bank Name : _____

Routing Number : _____

Account Number : _____

ATTACH VOIDED CHECK HERE

A voided check from your checking account must be included in this application
(Do not use a deposit ticket or temporary check)

I authorize subsequent charges to my checking/savings account for further invoices. I agree to NOTIFY Allen Arms Tactical of any CHANGES in account information prior to placing an order on allenarmstactical.com and choosing ACH payment method. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Allen Arms Tactical may at it's discretion attempt to process the charge again within 30 days, and agree to an additional \$28 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized payment. I certify that I am an authorized user of this bank account and will not dispute these charges with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____