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Flat Glass Products - Tempering  
Insulating - Beveling - Edgework  
All-Glass Doors - Shower Enclosures  
StoreFront and Curtain Wall Systems  
Aluminum Entrances

www.syracuseglass.com

Our Commitment Shines Through

**CHECK BY PHONE PAYMENT AUTHORIZATION**

I hereby authorize Syracuse Glass Company Inc, to initiate debit entries by electronic means to my checking or savings account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This authorization shall remain in full force and effect until Syracuse Glass Company Inc has received written notification from me of its termination in such time and in such manner as to afford Syracuse Glass Company Inc and the bank stated below a reasonable opportunity to act on it.

THIS IS NOT AN AUTOMATIC DRAFT!! IF MY BANK ACCOUNT CHANGES I MUST FILLOUT A NEW CHECK BY PHONE PAYMENT AUTHORIZATION FORM FOR THAT ACCOUNT.

Name(Print) \_\_\_\_\_ Syracuse Glass Account Number \_\_\_\_\_

Company Name \_\_\_\_\_ Bank Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Bank Routing Number(always 9 digits) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Bank Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Please select one: ( ) Checking OR ( ) Savings

Email Address \_\_\_\_\_ Tax ID or Driver's License Number \_\_\_\_\_

Signature of Bank Account Owner \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*PLEASE INCLUDE A VOIDED CHECK\*\*\*\*\*

Syracuse Glass Company Inc reserves the right to process drafts electronically, at first presentment and any re-presentments, if any, by transmitting the amount of the check, routing number, account number and check serial number to your financial institution. Your checking account may be debited as soon as the same day as authorized above. If we cannot collect the funds electronically at first presentation, your account will be charged a \$30.00 return check fee.

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Employee Name: \_\_\_\_\_ Date Received \_\_\_\_\_

Employee Name: \_\_\_\_\_ Date Canceled \_\_\_\_\_