



Please complete this form and return it to us so we can get you set up for ACH payments.

ELECTRONIC PAYMENT AUTHORIZATION

I hereby authorize Thermalsun Glass Products, Inc
to initiate entries to my checking or savings account at the financial institution listed below.

Your Name (please print)

Bank or Credit Union

Your

Bank or Credit Union

City

State Zip

City

State

Zip

Account Number (see sample)

Transit / ABA Number (see sample)

Your

Today's

(If you're uncertain of your account or routing number, please attach a copy of voided check)

Sample Check

