



ACH Debit Authorization • Check by FAX Form

Company Name	
Amount USD \$	Check #
Routing Number	Account Number:
designated above for the amount for insufficient funds or any of	ns & Containers to perform an ACH debit on the account shown. I also understand that if this draft should be returned ther reason, a fee of \$25 will be assessed plus reasonable I attorney fees should such be necessary.
Authorized Signature	Date
Printed Name	

Place Signed Check made payable to Holiday Tins & Containers in the box below. FAX to 1.800.749.5491

Place check here.

Keep original check for your files (do not mail the check to us)