



PLEASE DO NOT EMAIL BANKING INFORMATION

1517 Sawmill Creek Rd
Sitka, AK 99835

www.ArrowheadLPGas.com

(907) 747-8647 phone | (907) 747-6433 fax

Recurring ACH Debits Authorization Form

This is permission for recurring debits. As an authorized signor on the bank account presented, by completing and signing this form, you give Arrowhead Transfer, Inc dba Arrowhead LP Gas permission to charge/debit your account for your balance due on a weekly basis. This authorization is to remain in full force and effect until Arrowhead Transfer, Inc dba Arrowhead LP Gas has received written notification from you of its termination. **

Please complete the information below:

I _____ as an authorized signor give Arrowhead Transfer, Inc dba Arrowhead LP Gas
(Full name)

permission to charge my account indicated below for the balance due every 7 days.

These payments are for Utilities/Retail Purchases/Rentals/Labor/Local Delivery Services/Storage

My Arrowhead Account Number is _____

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Name of Bank _____	Checking <input type="checkbox"/>	
Routing Number _____	Savings <input type="checkbox"/>	
Account Number _____		

I acknowledge that a minimum Non-Sufficient Funds (NSF) fee of \$30 may be charged by Arrowhead Transfer, Inc dba Arrowhead LP Gas to me in the event there are insufficient funds available at the time the ACH payment is submitted. I authorize Arrowhead Transfer, Inc dba Arrowhead LP Gas to charge/debit the account indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services/account/invoice described above, for the amount indicated above and only for the occurrences indicated. I certify that I am an authorized signor on this bank account.

SIGNATURE _____

DATE _____

I, _____ hereby **Revoke my Authorization for the charges/debits to the account. I understand that my right to place a stop payment exists only as long as I request and deliver this written stop payment notice at least three days prior to the scheduled settlement date.

SIGNATURE _____

DATE _____