



ACH Payment Authorization Form

Vendors who prefer to be paid by Dura Crane, Inc. via ACH, please complete and return this form.

Questions? Call or email Cynthia Moncrief at (530) 365-2525 or cmoncrief@duracrane.com

Company Information

Business Name: _____

Address: _____

Contact Name: _____

Phone: _____

Email: _____

Bank Information

Bank Name: _____

Account Number: _____

ABA Routing Number: _____

Bank Address: _____

Bank Phone Number: _____

This authority for ACH payment shall remain in full force and effect until Dura Crane, Inc. receives written notification of your intent to terminate.

Authorized Signature

Date

Printed Name

Title