

Post Office Box 870
Taunton, Massachusetts 02780-0870

## **Corporate Customer Consumer Form**

## Authorization Agreement for Preauthorized Payments (ACH Debits)

Customer Name	Customer Account Number	
	thting Plant, hereinafter called Company, to initiate debit entries to d the depository named below, hereinafter called Depository, to d	_
Depository Name	Branch	
City	State Zip	
Transit/ABA No.	Account Number	
	nd effect until Company and Depository have received write rmination in such time and in such manner as to afford Compa o act on it.	
Name(please print)	Signature	-
Date		
Name(please print)	Signature	