



255 McCormick Drive  
Lapeer, MI 48446  
(810) 667-7000

## AUTHORIZATION FOR VENDOR ACH PAYMENTS

**CHECK ALL THAT APPLY:**

Start ACH Payment       Change ACH Payment       Delete ACH Payment

We hereby authorize **Avicore Defense Inc.** ("COMPANY") to electronically credit:

\_\_\_\_\_ (VENDOR NAME'S) account. We agree that ACH transactions we authorize comply with all applicable laws.

**PLEASE PROVIDE COMPANY BANK DETAILS BELOW:**

Checking Account       Savings Account       (Select One)

Depository Financial Institution

Depository Institution Name:	
Routing Number (ABA):	
Account Number:	
Account Name:	
Remittance Email:	

We \_\_\_\_\_ ("VENDOR") understand that this authorization will remain in full force and effect until (we) notify **Avicore Defense Inc.** ("COMPANY") in writing that we wish to revoke this authorization. We understand that **Avicore Defense Inc.** requires at least **30 days** prior notice in order to cancel this authorization.

Vendor Name \_\_\_\_\_  
Please print

Authorized by \_\_\_\_\_  
Please print

Signature \_\_\_\_\_ Date \_\_\_\_\_