



Phone 215.784.0240 Fax 267.913.3599

**ACH Payment Authorization Form**

**Triad Customer:**

\*\*\*\*\*

**Name on Account:**

**Bank Name:**

**Routing Number:**

**Account Number:**

**Invoice Number:**

**Sales Order Number:**

**Subtotal:**

**Sales tax (if applicable):**

**Total Transaction Amount (USD):**

I acknowledge that I am an owner of (or authorized signer on) the above referenced account to be debited and authorize Triad Metals International to initiate a one-time ACH debit transfer of funds from the account for the above noted transaction amount.

**Print Name & Title:** \_\_\_\_\_

**Account Holder Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_