

ACH Authorization



Great Value Stores

243, Quigley Blvd Ste K, New Castle, De 19720

Customer Information

Name _____

Address _____

City, ST Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Terms Requested ACH30 ACH15 ACH7 ACH1

For security purposes, please call the credit department with complete automatic check information.

I hereby authorize use of the above listed automatic check information for the above listed store; effective until revoked by holder.

Customer Signature

Date

For Office Use only

Routing Number: _____

Account Number: _____