

► **Account #:** _____
(first time applicants leave blank)

E-Check Enrollment Form

Omega Moulding Company Ltd., Omega Moulding West LLC, has agreed to sell to

_____. **As part of this agreement,** _____
"Customer" Your Name or Company

authorizes Omega Moulding to charge for said sales to the Bank Account provided below.

I have been authorized to make purchases for "Customer" and am the authorized signer on the Bank Account.

This authorization will apply and be legally binding for any future orders placed by "Customer" via phone, fax, mail, or any other means.

Account#: _____

Bank Routing #: _____

Bank Name: _____

Account Billing Address

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____

**In lieu of a check number, date of payment will be used as reference number*

As the account holder, I hereby authorize the above enrollment.

Account Holder Signature Date

All information entered on this form will be kept strictly confidential by Omega Moulding Company.

See below check sample to assist in locating bank information

101

YOUR NAME
1234 Main Street
Anywhere, OH 00000

DATE _____

PAY TO THE ORDER OF _____ \$ _____
DOLLARS

FOR _____

09 130 2788
000 1234 56 789
10 1

Routing Number **Bank Account Number** *check # (do not use)*



**Please fill & FAX this form to:
1-800-329-6634 or email a PDF
of this form to ar@omegamoulding.com**