



## DRAFT PAYMENT AUTHORIZATION FORM

1. Complete the Draft form and fax back to **1-888-693-9077**.
2. Upon receipt of this authorization form, your checking account information will securely registered.
3. Your checking account will only be debited after your order has been shipped.
4. We will automatically debit your purchase to your checking account unless you otherwise notify us. **IMPORTANT:** Any changes in the checking account which you desire us to debit from requires 7 days advance notice.

**Place Blank Check Here – You May Write Void On The Check**

**By signing below, I authorize Filpac to debit my checking account for my purchases until I otherwise notify.**

Your Signature \_\_\_\_\_

Your Name \_\_\_\_\_

Date \_\_\_\_\_

Business Name \_\_\_\_\_

Your Filpac Account # \_\_\_\_\_