



DICKINSON PRESS INC.
5100 33rd St. SE, Grand Rapids MI 49512
616-957-5100

ACH Withdrawal Authorization Form

Customer Information:

Customer Name _____

DPI Invoice Numbers _____

Total Amount _____

Bank Information (You may attach a voided check instead of entering the information):

Bank Name _____

Routing Number _____ Account Number _____

Account Type: ___ Checking ___ Savings

Authorization:

I am an authorized signer on the above account and I hereby authorize Dickinson Press Inc. to withdraw the above amount from my bank account.

Signature _____

Date _____

Please fax the completed form to Sharon Allen at 616-818-4431 or Pat TerBeek at 616-818-4421. You may also scan and email this form to Sharon at Sharon.Allen@dickinsonpress.com, or Pat at Pat.TerBeek@dickinsonpress.com. If you have any questions Sharon can be reached at 616-818-4430, and Pat at 616-818-4421.