



BANK ACH TRANSFER AUTHORIZATION FORM

OPTICAL LABS MH Optical
Pelican Optical
New Hampshire Optical

www.mhoptical.com

MH Optical Supplies • 128 Leuning St. • So. Hackensack, NJ 07606 • 800-445-3090 • customerservice@mhoptical.com
Pelican Optical • 6850 Whitfield Ind. Ave. • Sarasota, FL 34243 • 800-862-0966 • customerservice@pelicanoptical.com
New Hampshire Optical • 32 Library St. • Allentown, NH 03275 • 800-852-3717 • customerservice@nhoptical.com

One-time Payment: _____ (Any additional one-time payments will need to be reauthorized by calling in to Accounts Receivable.)

Recurring Payment every month

Automatically charge, please call to authorize

COMPANY INFORMATION

Account Number _____ Company Name _____

NAME OF CUSTOMER'S FINANCIAL INSTITUTION	
CHECKING ACCOUNT NUMBER	BANK ROUTING NUMBER
SIGNATURE	
PRINT NAME	
TITLE	DATE

As an authorized signer on my checking account, I the customer authorize Columbia Bank to debit amounts as I have set forth to my checking account. It is agreed that these withdrawals made electronically are under Rules of the **National Automated Clearing House Association (ACH)**.

Please fax completed form to 201-457-0482 or email to accounting@mhoptical.com