

Consumer Authorization for Direct Payments via ACH

i (we) authorize Saroyan Lumber Col	mpany to electronically debit if	ly account as follows:	
Checking	Savings		
Personal	Business		
Depository Name			
Bank Name			
Routing Number			
Account Number			
Amount of Debit			
Company Name			
Date			
Signature			
Name/Title			
I understand I am authorizing Saroya	an Lumber Company to electror	nically submit a one time	charge in the amount listed above.
Please return via email to tp@saro	yanlumber.com, or cm@saroya	anlumber.com	

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