



Damascus, Inc.

333 S. Mill Ave. P O Box 98

Dyersburg, TN 38025

731-334-5346

Director.damascus@gmail.com

CUSTOMER INFORMATION

Name _____

Email _____

Address _____

City _____

State _____ Zip Code _____

Business Personal

PAYMENT INFORMATION

I/we authorize the above business to debit my account with regular recurring payments and/or one-time payments from time to time for payment of all charges arising under my/our account.

ACH TERMS

AUTHORIZATION

I authorize the above business to debit my bank account as outlined in the payment terms of this agreement.

RECOURSE

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any ACH that is not authorized or is not consistent with this ACH agreement. I understand that this authorization will remain in effect until it is cancelled in writing, and I agree to notify the above business at least 15 days in advance as to any changes.

AUTHORIZATION

Please attach a void cheque or fill out account details:

Routing No. _____

Account No. _____

Date _____ Max Authorized Amount _____ Signature _____

Checking Savings