



Keeping The FIZZ In Your BIZ
2430 Millennium Drive, Elgin, IL 60124
Phone: 877-427-2499 Fax: 224-806-2354
www.maccarb.com

AUTO PAY ACCOUNT DEDUCTION FORM

We authorize MacCarb, Inc. to effect payment commencing date _____
for payments owing by us to MacCarb, Inc. based on invoices sent to us each month.

I hereby authorize bill.com or any other financial institution chosen by MacCARB, Inc. to initiate entries to the bank accounts that I enter, or enable MacCARB, Inc. to enter, on the bill.com, Inc. website in order to pay amounts that I owe to MacCARB, Inc. in accordance with instructions entered by MacCARB, Inc. on the bill.com website and, if necessary, to initiate adjustments for any transactions credited or debited in error. I represent that I have the authority to bind the organization that owns the bank accounts, and to authorize all transactions to the bank accounts that are initiated through bill.com or any other financial institution MacCARB, Inc chooses. I acknowledge that transactions initiated to the bank accounts must comply with the provisions of U.S. law. The authorization will remain in effect until the organization notifies MacCARB, Inc. in writing to cancel it in such time as to afford MacCARB, Inc. and the bank reasonable opportunity to act on it.

Payment shall be effected by initiating a debit entry to our account for payment amounts identified as lease, rental, service, and gas charges, in the Financial Institution named below, and we authorize the Financial Institution listed to accept the above debit entry initiated by MacCarb, Inc. to our account.

Financial Institution (Bank Name): _____

Address (City, State, Zip): _____

Routing Number: _____

Account Number: _____

Account Type: Checking_____ Savings_____

This authority is to remain in effect until we notify MacCarb, Inc. in writing. If your business is closing or change of ownership takes place, auto payment will remain in place until final balance has been paid before we close the account. We understand that we have the right to stop payment of debit entry by sending written notification to be received by MacCarb, Inc. at least 10 working days prior to changing our account.

Company Name: _____ Account # _____

Address: _____

Print Name: _____ Title: _____

Authorized Signature: _____ Date: _____

Email: _____ Phone: _____

Fax: _____ Taxpayer ID Number: _____

