



526 South Sixth Street • Quincy, Illinois 62301
Phone: 217-224-2754 • Fax: 217-224-9835 • www.quincyrecycle.com

ACH Authorization Form

Company Name: _____

I (we) hereby authorize **Quincy Recycle Paper Inc** to initiate credit entries to our checking account indicated below, at the depository Financial Institution named below. I (we) acknowledge that the authority will remain in effect until **Quincy Recycle Paper Inc** is notified by me (us) in writing to cancel as to afford **Quincy Recycle Paper Inc** and the depository Financial Institution reasonable opportunity to act on it. The origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name of Financial Institution

Address of Financial Institution-Branch, City, State, & Zip

Routing Number

Account Number

Signature

Date

Printed Name

Telephone Number

Remit to email address

Please return form to:

Holly Smith

Fax: 217-224-9835

Email: hsmith@quincyrecycle.com