



**W H O L E S A L E**

**CONTINUOUS ACH PAYMENT AUTHORIZATION FORM**

Sign and complete this form to authorize PX Wholesale to make a debit to your account listed below

COMPANY INFORMATION

Name:

Address:

Contact Person:

Phone:

Email:

Effective Date:

BANK INFORMATION

Bank:

Account Number:

Routing Number:

By signing this form you give us permission to debit your account for any amount outstanding for the above company, on or after the indicated date for all invoices as and when due. This authorization will hereby stay in effect until written cancellation is filed with PX Wholesale.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please attach a copy of a voided check and email the completed form to [ap@pxwholesale.com](mailto:ap@pxwholesale.com)