



3101 North Fourth Avenue . P.O. Box 5361 . Sioux Falls, SD 57117-5361  
(800) 456-4568 . (605) 339-4274 . Fax (800) 456-9365 . (605) 338-2689

Customer Number: \_\_\_\_\_ Bill to Customer Number: \_\_\_\_\_

Order / Invoice #: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I (we) authorize Sullivans to initiate an entry to my (our) account in the following amount as payment of the above noted invoice or order number.

Account Name: \_\_\_\_\_

Amount: \_\_\_\_\_

Routing Number: \_\_\_\_\_

This is the 9-digit number on the bottom of your check surrounded by : : | |

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking or Savings: Checking  Savings

Please take the information from a check and attach a copy of the voided check for verification and **FAX** back to (800) 456-9365.

Payments under \$1,000 will be charged a \$4.95 fee for the service. We will process the ACH request within one business day of receipt. The transaction should appear on your account within two business days of processing. If this is a prepayment, credit services will advise you regarding shipment.

Signature: \_\_\_\_\_

Priority processing

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Attach check here