

**PAYMENTS
MADE EASY**



New York New Jersey Florida

EZ PAY

EZ PAY via CHECK

Scan or take a picture of your check with invoice numbers and the amount to pay and email your credit manager
(We do not need the original check)

credit@acfgardner.com - NJ

MLopez@acfgardner.com- NY / FL

BANK WITHDRAWAL

Fill out page 2 and email

credit@acfgardner.com or - NJ

MLopez@acfgardner.com- NY/FL

CREDIT CARD

Fill out page 3 and email

credit@acfgardner.com - NJ

MLopez@acfgardner.com- NY/ FL

Automatic Bank Withdrawal

Date: _____

Account Name _____

Account Number _____

ACH FORM



New York New Jersey Florida

AUTHORIZATION

Name on Account: _____

Bank Routing Number: _____

Account Number: _____

Checking Savings

TERMS

ACH TRANSACTION AUTHORIZATION FORM

You hereby authorized ACF Gardner including its divisions, affiliates, or subsidiaries to initiate an ACH draft to your account at the financial institution designated by the routing number named in this authorization (the "Financial Institution"), for payment of the full amount due on the invoice(s) or order (s) indicated on this authorization form. You further authorize the Financial Institution to accept these debit entries as valid debit activities under your account. You also agree that you will immediately reimburse ACF Gardner for any dishonored ACH's against the account that you have provided to us in this authorization and agree to pay a seventy-five (\$75)dollar fee if this ACH is dishonored for any reason. You agree to hold ACF Gardner harmless from any and all losses or liabilities arising from any transactions or occurrences relating to this ACH authorization.

invoice / order number	invoice / order date	invoice / order amount
Total		

Signature _____

