ACH Authorization Form

As payment for goods and/or services sold to **STEIN FIBERS, LTD.** ("STEIN"), I hereby authorize STEIN to initiate credit entries to the designated checking or savings account of **VENDOR/ ACCOUNT HOLDER** at the FINANCIAL INSTITUTION listed below, and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until it is cancelled in writing to STEIN, and STEIN and the FINANCIAL INSTITUTION have a reasonable opportunity to act on it. I attest that I have the authority to execute this form on behalf of the VENDOR/ ACCOUNT HOLDER.

_____ _____ _____

Signature Name (PLEASE PRINT) Title

VENDOR/ACCOUNT HOLDER:

Vendor Name (*Please print*): _____

DBA Name: _____

Street Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Tel: _____

E-mail Address for remittance alerts: _____

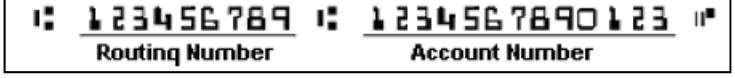
FINANCIAL INSTITUTION:

Name (Please print): _____

Branch Address: _____

Routing Number (9 digits): _____ Account Number: _____

These numbers are located on the bottom of your check as follows:



☐ Business Checking ☐ Personal Checking ☐ Savings

Please return this form by mail, fax or e-mail to:

Stein Fibers, Ltd.
4 Computer Drive West, Suite 200
Albany, NY 12205
Attn: Allen K. Greenburg, CFO
Fax: 518.489.5713 E-mail: allen@steinfibers.com

Stein use only:
Date rec'd: _____
Date entered: _____By:_____
Vend #: _____
_____