Kaw Valley State Bank
AND TRUST COMPANY
Wamego · St. Marys · Clifton

Direct Payment via ACH Authorization

I authorize AngelFire Ammunition, hereinafter called "Company," to initiate **debit** entries to my account indicated below and the Financial Institution named below, hereinafter called "Financial Institution", to debit the same account. I acknowledge that the origination of ACH transactions to my account must comply with the U.S. law.

Account-Holder Details:

Company Name:

Accounting Email Address:

Account Details:

Financial Institution Name:

City: State: Zip:

Routing Number: Account Number:

Type of Account: ☐Checking ☐ Savings

Payment Details:

☒ Variable Amount: Amount shown due on invoice or statement

This authorization is to remain in full force and effect until Company has received written notification from me of its termination in such time and manner as to afford the Company a reasonable opportunity to act on the request.

Authorization:

Print Name:

Company Role:

Signature: Date: