

# Metroline Inc.

2250 Meijer Drive | Troy, MI 48084 | 800-929-8061 | Fax 248-655-1456



## One-Time ACH Payment Authorization Form

\_\_\_\_\_ (customer name), hereby (1) authorizes **Metroline, Inc.**, to initiate a debit entry to my (our) account indicated below and the depository (bank) named below, to debit same to such account.

Depository (Bank) Name \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone/Fax Number: \_\_\_\_\_

Routing / ABA No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Account # \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Please list MetrolineDirect Order #'s and amounts:

<b>MetrolineDirect Order #:</b>	<b>Amount Paid:</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Amount:</b>	\$ _____

Please return Authorization by Fax or Email to:

(248) 655-1456 or [orders@metrolineinc.com](mailto:orders@metrolineinc.com)