



106 Harbor Dr.

Jersey City, NJ 07305

Phone: (201) 243-3073 Ext. 1004

Email: Accounting@TheCloudSupply.com

ACH On-File Authorization Form

Name on Account: _____

Bank Name: _____

Bank State: _____

Account Type: Checking _____ Savings _____ Other _____

Account number _____

Routing Number: _____

Billing Address: _____

Phone Number: _____

Billing City, State Zip: _____

By signing this form, I authorize **Smoking Sales LLC** to charge/credit the account listed above and keep the information on file for all future orders. I understand that there are no refunds or exchanges without prior written consent from **Smoking Sales LLC**. This authority will remain in effect until I have given written notice that I am terminating this contract, or until **Smoking Sales LLC** has notified me that this deposit service has been discontinued. I understand that I must give advanced notice to allow reasonable time for my instruction to be executed. If an incorrect deposit should be made into my bank account, I authorize my bank and **Smoking Sales LLC** to make the appropriate adjustment(s).

Signed: _____ Date: _____

Name of Signer: _____



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Please attach copy of check Here