

P.O. BOX 1148 • SHREVEPORT, LA 71163-1148 Ph: (800) 950-6531 • Fax: (318) 747-8086

BLANKET AUTHORIZATION ACH AGREEMENT

I,		being an authorized signer for
(Authorized Signer)		1.
(Name of Compan		_ do hereby authorize McElroy
Metal, Inc. and the financial institut account in the manner set forth bel given prior to the manufacturing of the Agreement could result in larrangement.	ion listed below to do ow for all future or material that this Agi	ders, unless written notification is reement is cancelled. Cancellation
Bank Name		Branch Location
City	State	Zip Code
Bank Transit / ABA Name of Number	on Checking / Saving Account	S Checking / Savings Account Number
Authorized Signer (Please Print)	_	Date
Signature	-	
For Internal Use Only: Account Number: Authorization Form Sent By:		
Please attach a voided copy of check here. If from a savings account, please attach a voided copy of deposit slip. We only need the voided check / deposit slip on your first ACH transaction. Subsequent Single Authorization transactions will require this form, but not a voided check. Should your banking information change, please contact your Credit Representative immediately. Please fax this form to (318) 747-8086		
ADELANTO, CA ASHBURN, GA BOSSIER CITY, LA CLINTON, IL HOUSTON, TX LEWISPORT, KY		