



Written Authorization Form for eChecks/ACH

I, _____ authorize KWA Performance Industries Inc. to initiate funds from the bank account indicate below. I also authorize my depository financial institution to honor these transfer.

Company Name: _____

Phone: _____ Email: _____

Bank Name: _____

Name of the Account: _____

ABA Routing Number: _____

Account Number: _____

Bank Account Type: Business Checking Personal Checking Savings

Please Check One Box:

This transaction is valid for one time transaction only

This is an open transaction to allow debits to my account for amounts which will vary per transaction based on order amount.

I have read and agree to all of the terms and conditions on this page and any other contract or document that accompanies this agreement. I certify that I am the authorized account holder for this bank account.

I understand this is a legal binding agreement between KWA Performance Industries Inc. and _____. I understand that all the returned checks are subjects to \$35 USD fee. This agreement will remain in effect until KWA Performance Industries Inc. receives my written notice of cancellation via mail, fax or email.

Signature: _____ Date: _____

Attach your check here (Required)

Then email to KWA Sales Rep Or Mail to:
KWA Performance Industries Inc.
18571 Gale Ave.
City Of Industry, CA 91748