

Salamanca Factory Cigarette Outlet

580 East State Street

Salamanca, NY 14779

Phone: (866) 945-5955

Fax: (716) 945-5956

www.salamancaoutlet.com

AUTHORIZATION AGREEMENT for DIRECT PAYMENT (ACH DEBITS)

I (we) hereby authorize **Salamanca Factory Cigarette Outlet** (AKA Salamanca Outlet) hereinafter to initiate debit entries, per our agreement in the contracts, to my (our) Checking Account, indicated below at the depository financial institution named below, and to debit the same to such account. I (we) acknowledge that the origination of AHC transactions to my (our) account must comply with the provisions of United States law.

Bank Name _____ Branch _____

City _____ State ____ Zip Code _____

Route Number _____
(Route number is the first 9 digit number on bottom left of check)

Account Number _____

My Name as it appears on the checking account _____

My address as it appears on the checking account _____

City _____ State ____ Zip Code _____

My telephone number that is on the checking account (_____) _____ - _____

My Drivers License I.D. Number _____

The State the Drivers License is issued _____ DOB _____ / _____ / _____
Month XX / Day XX / Year XXXX

This authorization is to remain in full force and effect when I place a order, be it online or telephone with **Salamanca Factory Cigarette Outlet**. The debits may vary in price on the transactions and the check number will change with every debit, until I send written notice to no longer debit this account.

Place Check here.

Attach a check and a copy of your drivers license to the bottom of this ACH authorization and return by mail to Salamanca Cigarette Outlet

