

**VISION CABINET SOURCE, LLC**  
1403 ROBERTS ROAD  
CAMPBELLSVILLE, KY 42718  
PH 270-465-3222 FAX 270-465-3223  
[SALES@VISIONCABINET.COM](mailto:SALES@VISIONCABINET.COM)

**One Time Check by Fax Payment Authorization Form**

Sign and complete this form to authorize **VISION CABINET SOURCE, LLC** to make a one time Check By Fax authorization.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

**Name of Business:** \_\_\_\_\_  
I \_\_\_\_\_ Authorize **VISION CABINET SOURCE, LLC** to charge my bank account  
(full name)

indicated below for \_\_\_\_\_ on or after \_\_\_\_\_.  
(amount) (date)

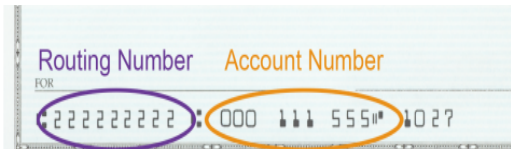
Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

**\*\*\* A complete copy of your check (no 3<sup>rd</sup> party checks) must be sent along with this Authorization form and in the memo section information filled out of invoices that are being paid\*\*\***

**\*\*\*\* ABSOLUTELY NO 3<sup>rd</sup> PARTY CHECKS ACCEPTED\*\*\*\***

Account Type:  Checking  
Name on Acct \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Account Number \_\_\_\_\_  
Bank Routing # \_\_\_\_\_  
Bank City/State \_\_\_\_\_



SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non Sufficient Funds (NSF) I understand that **VISION CABINET SOURCE, LLC** may at its discretion attempt to process the charge again within **\*90 days, and I agree to an additional \$50.00 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment.** I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute **VISION CABINET SOURCE, LLC** billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.

