



AUTHORIZATION FORM

_____ (date)

The execution of this form authorizes McMinn Containers to draft our/my:

Type of account: ___checking___savings

Account number: _____

Bank Name: _____

Routing or ABA # _____

Frequency of draft: **Monthly/Quarterly**

Amount of draft \$ _____

This authorization shall begin on _____(date) and remain in effect until revoked in writing.

Account Holder Signature

Print Name