



**Return this form to:**  
**Triplett Inc.**  
**Attn: Accounts Receivable Department**  
**P.O. Box 647**  
**Salina, KS 67402**

**Electronic Funds Transfer (EFT) Authorization**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

**IMPORTANT:** Please return a voided check with this form to ensure accurate processing.

I authorize you to charge my checking account and make deductions payable to Triplett, Inc.

I understand that I will be provided with a notice at least one ( 1 ) day prior to the payment date.

In making this authorization, I agree to all the Terms and Conditions of Authorization.

**Terms of Automatic Bill Payment and Electronic Funds Transfer:**

- 1) Invoice term is week (Monday-Sunday) prior to invoice.
- 2) Invoice received electronically each Monday morning.
- 3) Electronic Fund Transfer on Wednesday.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_