



ACH Order Form

Billing Information:

Type of Account

Business Checking Business Savings Personal Checking Personal Savings

Name on Account _____

Routing Number _____ Account Number _____

Bank Name _____

Account Address _____

City _____ State _____ Zip _____

CHECK THIS BOX IF YOU WOULD LIKE YOUR ACCOUNT INFO KEPT ON FILE FOR PAYMENT OF FUTURE ORDERS

Amount of Charge (see estimate or invoice)

Limit of Liability

I understand that each list and mailing is produced to my exact specifications and is therefore not returnable. I also agree that Spectrum Mailing Lists' liability for errors shall be limited to replacing the order or refunding the cost of the order, whichever is less.

I, the undersigned, hereby authorize Spectrum Mailing Lists to debit my account in the amount shown above. I have read my estimate or invoice and have checked it to make sure everything stated is as I want it. I am fully aware that once my order is placed I can not revise it. I understand that I am financially responsible for all charges even if I accidentally order the wrong data. I have read understand and agree to all limits of liability as stated herein and on the written estimate or invoice that I received.

Signature _____

Name _____

Date _____ Phone# _____ E-mail _____

Estimate or Invoice Number _____ Your PO Number _____

Charge will appear from Spectrum Mailing Lists on your statement.
Fax 855-966-5478. E-mail Lori@spectrumlists.com Call 760-730-0588