D. (Stanton Carpet Corporation					
Date:							
Stanton Account Number:				1			
Account Name:							
RE: ACH SINGL You hereby authorize Stanton Cary your account at the financial Instituti for payment of the full amount due Financial Institution to accept these reimburse Stanton for any dishono a Twenty Five (\$25) dollar fee if this or liabilities arising from any trans	pet Corporation, on designated by on invoice(s) or debit entries as v red ACH's agains ACH is dishonor	including its of the routing roorders indicated alid debit actions the accounted for any res	divisions, affi number name ated on this a vities under y t that you hav ason. You ag	liates or subsidiarion din this authorization thorization form. our account. You a reprovided to us in the to hold Stantor	es to initiate a on (the "Finar You further a Iso agree tha this authoriza	ncial Institution"), uthorize the t you will immediately ation and agree to pay	
		BANK INF	<u>ORMATIOI</u>	<u>N</u>			
Name on Bank Account:							
Street Address			_				
CityState	<u> </u>	Zi	p Code	_			
Bank Routing Number:							
Bank Account Number:					_		
Checking:	Savings:						
PLEASE PROVIDE PAYMENT APPLIC NOTE: An ACH will NOT be process						1	
ORDER# OR	INVOICE	GROSS INVOICE	OTHER	NETINVOR ORDER	EXPLAIN OTHER		
INVOICE#	DATE		DEDUCTION	AMT PAID	OTHER		
					 		
ACH TOTAL:							

Email: Payments@Stantoncarpet.com Attention: Accounts Receivable

Authorized Signature_____

DATE: