



SULLIVANS

3101 North Fourth Avenue • P.O. Box 5361 • Sioux Falls, SD 57117-5361
(800) 456-4568 • (605) 339-4274 • Fax (800) 456-9365 • (605) 338-2689

Customer Number: _____ **Bill to Customer Number:** _____

Order / Invoice #: _____

Customer Name: _____

Address: _____

I (we) authorize Sullivans to initiate an entry to my (our) account in the following amount as payment of the above noted invoice or order number.

Account Name: _____

Amount: _____

Routing Number: _____

This is the 9-digit number on the bottom of your check surrounded by |: _____ *|:* _____

Financial Institution Name: _____

Financial Institution Address: _____

Account Number: _____

Checking or Savings: **Checking** **Savings**

Please take the information from a check and attach a copy of the voided check for verification and fax back to (800) 456-9365.

Payments under \$1,000 will be charged a \$4.95 fee for the service. We will process within one business day of receipt. The transaction should appear on your account within two business days of processing.

Signature: _____

Priority processing

Name: _____

Date: _____

Telephone #: _____

Attach check here