



## ACH Debit Authorization Form

I (we) \_\_\_\_\_, hereby authorize Cowan Corporation d/b/a Professional Salon Concepts, hereinafter called Company, to initiate debit entries to my (our)  checking /  savings account indicated below at the depository named below, hereinafter called Depository, to debit the same to such account.

Bank (Depository) Name: \_\_\_\_\_

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

Transit/ABA No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

**Please attach either a voided check or bank specification sheet including the above information for a savings account.**

I understand that the transfer will be done on the day the order is placed and shipped or within 48 hours the agreed shipment date. This authority is to remain in full force and effect until Company and Bank (Depository) has received written notification from me (or either of us) of it termination in such manner as to afford Company and Bank (Depository) a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date