

**Jake's Fireworks, Inc.  
Far East Imports, Inc.**

**Instructions for Completion of ACH Form**

**Purpose:** This form allows Jake's or Far East to directly withdraw money from our customer's accounts for balances owed in lieu of a check or credit card. You authorize the limit to which money may be withdrawn as well as the date the funds will be withdrawn. The instructions below will assist in properly completing the form. If you need additional assistance, please contact your sales representative.

**Checking/Savings Account:** Please check only one for the type of bank account.

**Jake's/Far East:** Please check only one for the name of the Company you are buying from.

**Bank Name:** This is the name used by your bank. This is on the front of the check.

**Routing Number:** This is found on the front of the check and is the number in the lower left corner of the check. See example on next page.

**Account Number:** This is the number to the right of your Routing Number on the bottom of the check. See example on next page.

**Address:** This is the customer on file with the bank account being used.

**Amount to be charged:** *Important* – this amount must meet or exceed the potential amount of the invoiced charges. Many times, this will be associated with the credit limit. This will not be the amount withdrawn unless it also happens to be the amount of the charges. **Only the amount of the charges will be withdrawn.**

**Customer Name:** The business name used to purchase from Jake's or Far East.

**Customer Number:** The customer or account number associated with Jake's or Far East. If not known, please contact your sales rep.

**Date:** The date you signed the agreement.

**Voided Check:** Please have them send over a scanned copy of a voided check to verify all account information is accurate. Email a copy to [Katie.wilson@jakesfireworks.com](mailto:Katie.wilson@jakesfireworks.com) or fax to 620-231-8617.

**Signature:** The authorized signature on the bank account. ***Note: If your bank requires two signatures for checks, both parties will need to sign this form.*** If so, please contact your sales rep for a dual signature form.

YOUR NAME  
1234 Main Street  
Anywhere, VA 00000

1234

DATE \_\_\_\_\_

PAY TO THE  
ORDER OF \_\_\_\_\_

\$

\_\_\_\_\_ DOLLARS

⑆05⑆40889⑆

⑆000⑆123456789⑆

⑆1234⑆

Routing  
Number

Account  
Number

Check  
Number