



HY Supplies Inc.

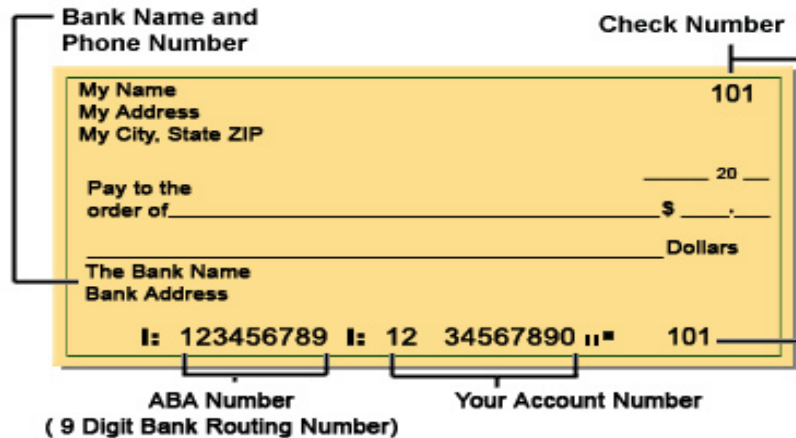
E-CHECK FORM

Division of UP3 Inc.

UP3 Inc. (DBA - HY Supplies Inc.) Acct #: \_\_\_\_\_

Fax to: (800) 437-9188

Please complete and fax this eCheck form authorizing UP3 Inc. (DBA - HY Supplies Inc.) to debit your U.S. checking Account.



**CHECK INFORMATION (all fields must be filled in)**

Name of person or company on check: \_\_\_\_\_

Address: \_\_\_\_\_

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

Check Number: \_\_\_\_\_ Amount: US\$ \_\_\_\_\_ Date: \_\_\_\_\_

Order or Invoice Reference: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

ABA Routing Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

I hereby certify that I am authorized to sign checks against this account and authorize UP3 Inc. (DBA - HY Supplies Inc.) to process the resulting ACH transactions and to debit the checking account identified above. I understand that I may revoke this authorization at any time by notifying UP3 Inc. (DBA - HY Supplies Inc.) by e-mail to [custserv@hysupplies.com](mailto:custserv@hysupplies.com). I am also aware that UP3 Inc. (DBA - HY Supplies Inc.) will assess a service charge of \$25 on any check dishonored by my bank and I agree to replace any dishonored check immediately with a Cashier's Check or Wire Transfer.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ID No.: \_\_\_\_\_ ID Type: \_\_\_\_\_

Acceptable ID's: Driver's License, Passport, Social Security, Employer Identification Number (EIN), or State issued ID