



UNIFORM & LINEN SUPPLY
DIVISION OF SUDS & DUDS, INC.

ACH MONTHLY WITHDRAW FORM

NAME OF ACCOUNT _____

ADDRESS _____

CITY _____ STATE _____

PHONE NUMBER _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

Or

CREDIT CARD NUMBER _____

CREDIT CARD EXPIRATION DATE _____ SECURITY CODE _____

SIGNATURE _____ Date: _____