ACH FORM

Email completed form to:
PreformedAP@preformed.com

Please select one of the following:

☐ First time request for ACH payments

☐ Request to change ACH payment information

The following information applies to:

Supplier Name: _____

Address: _____

_____ _____ _____
City State Zip Code

Bank Account Information: I hereby authorize Preformed Line Products Company, Inc. (PLP), to initiate deposits to the Checking Account described below:

Bank Name: _____

Address: _____

City, State, Zip: _____

Routing #: _____

Account # _____

Deposit Notification: I hereby authorize the following individuals to receive notification via Email of payment details of all funds deposited to the above account:

Name: _____

Email Address: _____

Title: _____

Phone #: _____

Optional: Please attach a copy of a voided check.

I release Preformed Line Products Company, Inc. (PLP), from any claims related hereto:

Signature: _____

Name: _____

Title: _____

PLP.COM