

Toll Free(866)845-6608 Fax (626)934-8885

## **Payment Authorization**

This form is used for Sonic Lighting, Inc. d.b.a Spyder Auto payments with an addendum record that contains payment related information processed through our vendor program. Recipients of these payments should bring this information to the attention of their financial institution when requested.

## **Privacy Act Statement**

The following information is provided to comply with the privacy Act of 1974 (P.L.,93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment date by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through Sonic Lighting, Inc. d.b.a Spyder Auto's payment system.

PAYEE / COMPANY INFORMATION			
Name			
Address			
City, State, Zip:			
Tax ID:			
Contact Name			
Email			
FINANCIAI	LINSTITUTION	INFORMATIO	N
Bank Name:			
Address:			
City, State, Zip:			
Bank Routing Transit #:			
Name On Account:			
Bank Account #:			
Type Of Account:	Checking	Savings	Lockbox
Print Name:			
Signature:			