



# HAMILTON

Hamilton Manufacturing Corp.  
1026 Hamilton Dr., Holland, OH 43528  
Phone: 419-867-4858/888-723-4858 • Fax 419-867-4850 • www.hamiltonmfg.com

## Hamilton CVC ACH Authorization Form

### CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Points to Partners, Inc. (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution Branch, City, State, & Zip)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name PLEASE PRINT)

\_\_\_\_\_  
(Address PLEASE PRINT)

Financial Institution Routing Number: \_\_\_\_\_

Checking/Savings Account Number: \_\_\_\_\_

These numbers are located on the bottom of your check as follows:

Ⓜ 123456789 Ⓜ 1234567890123 Ⓜ  
Routing Number Account Number

Please attach a voided check to the Authorization form.

**Please note: A monthly \$29.95 fee will be charged from Points to Partners, Inc.**

**FAX FORM TO (615) 846-1809**



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When you have completed these forms, please fax to Points to Partners, Inc. at 615.846.1809 or call 888.488.7642 to reach an account entry operator.

**Company Name :** \_\_\_\_\_  
**Address :** \_\_\_\_\_  
**Phone :** \_\_\_\_\_ **Fax :** \_\_\_\_\_  
**Owner / Manager Name :** \_\_\_\_\_  
**Contact :** \_\_\_\_\_

\*P2P-Store Chain Organization Home=Company Name

**Location Name :** \_\_\_\_\_  
**Address :** \_\_\_\_\_  
**Contact :** \_\_\_\_\_

Location ID : \_\_\_\_\_ (For P2P use only)  
Terminal ID(s) : \_\_\_\_\_ (Provided by P2P)  
\*P2P-Location Organization Name=Location Name (Street Name)

**Location Name :** \_\_\_\_\_  
**Address :** \_\_\_\_\_  
**Contact :** \_\_\_\_\_

Location ID : \_\_\_\_\_ (For P2P use only)  
Terminal ID(s) : \_\_\_\_\_ (Provided by P2P)  
\*P2P-Location Organization Name=Location Name (Street Name)

**Location Name :** \_\_\_\_\_  
**Address :** \_\_\_\_\_  
**Contact :** \_\_\_\_\_

Location ID : \_\_\_\_\_ (For P2P use only)  
Terminal ID(s) : \_\_\_\_\_ (Provided by P2P)  
\*P2P-Location Organization Name=Location Name (Street Name)

Prepaid Cards Used (y/n) : \_\_\_\_\_ (Stored Value Gift Cards)  
Fleet Cards Used (y/n) : \_\_\_\_\_ (Stored Value Credit Cards)

Min. Charge (\$) : \_\_\_\_\_  
Max. Charge (\$) : \_\_\_\_\_

Rechargeable (y/n) : \_\_\_\_\_ (Req. for Prepaid Cards only)  
Non-Use Expiration (wks) : \_\_\_\_\_ (Req. for Prepaid Cards only)

\*P2P-Default=52 weeks

Points To Partners, Inc. website username : \_\_\_\_\_ (maximum 10 characters)  
password : \_\_\_\_\_ (maximum 10 characters)

\*Must select username and password to access on-line report information at [www.partner-points.com/portal](http://www.partner-points.com/portal)

### P2P Internal Use Only

Requested Date : \_\_\_\_\_  
Account Setup Completion Date : \_\_\_\_\_  
Number file transmitted to card company date : \_\_\_\_\_ who : \_\_\_\_\_

Hamilton CVC Customer Setup Form  
FAX FORM TO (615) 846-1809