



ELECTRONIC PAYMENT AUTHORIZATION FORM

Company Name: _____

Address: _____

Contact Name and Phone Number: _____

E-Mail Address: _____
Please Print

Store# _____
(If Applicable)

Payment Method: CTX EMAIL CCD (FamilyDollar only)

Bank Name: _____

City / State: _____

Bank Account Name: _____

Bank Routing #: _____

Account #: _____

Check this box if this is a CHANGE to your existing Electronic Payment Authorization.

Authorizer's Name (Please Print)

Title

Authorizer's Signature

Date

This form must be filled out completely, including an authorized signature. Please email the completed form to vendormaintenance@dollartree.com. If you have questions, contact Vendor Maintenance Department at 757-321-5581 or 757-321-5077.