



ACH Authorization

_____ (“Company”) sells goods and/or services to Arkema Inc. and/or one of its wholly owned subsidiaries.

Arkema Inc. desires the flexibility to make payments for such goods and services through the ACH Network.

Therefore, Company hereby (1) authorizes Arkema Inc to make payments for goods and/or services by ACH, (2) certifies that it has selected the following depository financial institution, and (3) directs that all such payments be made as provided below:

Company Name: _____

Company Address: _____

Name of Authorized Officer: _____

Title: _____

Authorized Signature: _____

Date: _____

Depository Institution Name: _____

Institution Address: _____

Routing Transit Number:

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(9-digit number – first MICR number on bottom of your check)

Account Number:

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Account Type: Checking Savings

Payment Format: CTX – remittance information in ANSI format
(Mandatory-Check one) CCD – payment only no remittance information

Company ACH Contact: _____

Phone Number: _____

E-Mail Address: _____

Company acknowledges and agrees that the terms and conditions of all agreements with Arkema Inc. concerning the method and timing of payments for goods and services shall be amended as provided herein.

Company will give thirty (30) days advance notice in writing to Arkema of any changes in its depository institution or other payment instructions.

Please fax your completed form to 610-205-7729 and include your company letterhead.