



U.S. Chlorides, Inc.  
E-Payment Check Form

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Please fill out the information below and /or attach a copy of a voided check with the proper amount to be **made payable to U.S. Chlorides, Inc**

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COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_

CHECKING ACCOUNT #: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

TITLE:

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You must attach or write down the remittance information for this payment below.

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Remittance information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please email this request to: [Accounting@USchlorides.com](mailto:Accounting@USchlorides.com) Your check will be posted to your account today if received by 2:30 pm EST.