

**VINELAND PLANT**

3765 Mays Landing Road  
Vineland, NJ 08361

**Dispatcher:** (856) 825-9900

**Fax:** (856) 825-9050



**MONROE TOWNSHIP PLANT**

Jackson Road  
Monroe Township, NJ 08094

**Dispatcher:** (609) 561-2013

**Fax:** (856) 825-9050

**Attention Suppliers:  
Sign up for Electronic Payments.**

**DunRite Sand & Gravel is pleased to offer electronic payments for products and services to all of our suppliers. It's easy to get started!**

Complete the attached Electronic Funds Payment Authorization form on the back. Include a copy of a voided check or savings deposit slip and submit them in one of the following ways:

*Scan and email the form to:  
MAllonardo@DunRiteSand.com*

Fax the form to:  
856.692.1105

Call 856.692.2520 if you have  
any questions or need assistance.

Thank you,

*DunRite Sand & Gravel Management*

**Office and Mailing Address: 573 E. Grant Avenue • Vineland, NJ**

**08360-7109 Phone:** (856) 692-2520 **Fax:** (856) 692-1105

**VINELAND PLANT**

3765 Mays Landing Road  
Vineland, NJ 08361

**Dispatcher:** (856) 825-9900

**Fax:** (856) 825-9050



**MONROE TOWNSHIP PLANT**

Jackson Road  
Monroe Township, NJ 08094

**Dispatcher:** (609) 561-2013

**Fax:** (856) 825-9050

**ELECTRONIC FUNDS PAYMENT AUTHORIZATION**

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Tax ID: \_\_\_\_\_ SSN: \_\_\_\_\_

**I hereby authorize DunRite Sand and Gravel Co., Inc. to initiate payments by electronic funds transfers utilizing the following account information. I also authorize DunRite Sand & Gravel Co., Inc. to reclaim any funds credited in error to this account by DunRite Sand & Gravel Co., Inc.**

Bank Name: \_\_\_\_\_

ABA Bank Routing Number: \_\_\_\_\_  
(9 digits)

This authorization is to remain in effect until DunRite Sand & Gravel Co., Inc. has received written notification of termination or change of account information in such time as to allow DunRite Sand & Gravel Co., Inc. a reasonable time to act on it.

Authorized Signature: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Please include a copy of a voided check or savings deposit slip and return this completed form to:**

Scan and email the form to: [MAIlnardo@DunRiteSand.com](mailto:MAIlnardo@DunRiteSand.com).  
Or Fax the form to: 856.692.1105

**Office and Mailing Address: 573 E. Grant Avenue • Vineland, NJ 08360-7109**

**Phone:** (856) 692-2520 **Fax:** (856) 692-1105