



GEM STATE PAPER & SUPPLY COMPANY

AUTO-PAY ENROLLMENT

Name: _____

Business Name: _____

Phone Number: _____

Email Address: _____

Account Information:

Account Type ☐ Checking ☐ Savings

Financial institution: _____

Routing Number: _____

Account Number: _____

ACH Name (if applicable): _____

ACH ID (if applicable): _____

Address 1: _____

Address 2: _____

City: _____ Zip Code: _____ State: _____

Signature: _____

Print Name: _____

TWIN FALLS

1801 HIGHLAND AVE. E.
83301
208.733.6081

BOISE

10189 W. EMERALD ST.
83704
208.658.0449

POCATELLO

245 W. ALAMEDA RD.
83201
208.232.6966

ELKO, NEVADA

988 W MAIN ST.
89801
775.738.5103

CORPORATE OFFICE IN TWIN FALLS, IDAHO 83301