

Please complete this form and attach a voided check for deposit slip to valid account information

Company Name (As appears on bank account):

Company Address:

ACH Contact Name:

Phone No:

Email Address:

Financial Institution Name:

Financial Institution Address:

Account Officer/Contact:

Phone No:

Email Address:

Type of Account: Checking:      Savings:

ABA Routing/Transit No. (Nine digits encoded on the bottom of the check):

Account No:

Terms and Conditions:

I hereby certify that I am the duly authorized official fully empowered to legally bind the above referenced company in executing this authorization. By signing below, I hereby authorize Premier Distributor to initiate electronic credit and/or debit entries into the business account of the financial institution as indicated above, and if necessary, initiate adjustments for any transactions credited/debited in error. In accordance with banking regulations, I understand that any drafts returned for insufficient funds will be debited from my account with a twenty-five dollar (\$25.00) service charge. As of the date below, this authorization is to remain in effect until Premier Distributor receives written notification at least fifteen (15) days prior to termination. Any charge to the bank account of financial institution will require a new ACH Authorization form. Failure to notify Premier Distributor of any account change will delay in shipment of goods. I hereby ratify any instructions given pursuant to this authorization and agree that Premier Distributor is not liable for any loss, liability, cost or expense if it follows reasonable procedures designed to prevent unauthorized transactions.

Company Name:

Company Federal Tax ID No:

Printed Name:

Title:

Authorization Signature:

Date:

2419 West Jefferson ST, Joliet IL 60137

Tel: (815) 630-3013      Fax: (815) 630-3014

Online: [www.premierdistributor.com](http://www.premierdistributor.com)