



## Easy Pay Authorization Agreement

Customer Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

Accounts Payable Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_, (“Customer”) does hereby authorize W. Douglass Distributing Company, LTD (“Company”) to initiate debit/ credit entries by means of Electronic Funds Transfers to Customer’s account described below, and does further authorize the depository institution described below to debit/ credit such entries to the Customer’s account.

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

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

Phone #: \_\_\_\_\_ Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

Transit/ ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

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PLEASE ATTACH A VOIDED CHECK OR BLANK DEPOSIT SLIP TO THIS FORM  
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This authority shall remain in effect until termination upon fifteen (15) days written notice by either Customer or W. Douglass Distributing Company, LTD. Notice of cancellation shall in no way affect debit/ credit entries initiated prior to expiration of aforesaid (15) day period..

I (We) hereby waive any requirement of the Company to make prior notification of amount and date of debit/ credit entries to my (our) checking/ savings account, provided, however, such transactions are for invoices, charges, fuel or merchant reports, or other sums due the Company.

This EFT service is governed by the rules of the Automated Clearing House and W. Douglass Distributing Company, LTD can terminate or modify it at any time.

All credit and other terms and requirements between Customer and W. Douglass Distributing Company, LTD remain in effect.

AUTHORIZED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_