



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 #: _____

PLEASE ATTACH A VOIDED CHECK OR BLANK DEPOSIT SLIP TO THIS FORM

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: _____