

***This information is required for processing.**

Company Name*			Phone*		
Location Name or DBA*					
Street Address*			City*		
State*			Zip Code*		
Initial Distributor:	This is the customer number your Distributor assigns to your retail business. Typically, you'll find it on one of your invoices.				
Customer Number:					
CONTACT INFORMATION					
PRIMARY CONTACT *			SECONDARY CONTACT		
Name:			Name:		
Title:			Title:		
Email*:			Email:		
Phone:			Phone:		
UNIQUE IDENTIFYING INFORMATION					
FEDERAL TAX ID or EIN (9 digits)*					
BANK INFORMATION					
Bank/Financial Institution Name*			Account Type* (check one)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Account Number (10-12 digits)*					
Routing Number (9 digits)*					
Debit/ACH Filters or blocks*	<input type="checkbox"/> No - The above listed account does not have debit blocks/filters <input type="checkbox"/> Yes - the above listed account does have debit blocks/filters				
NOTICE					
<p>The undersigned on the half of the company hereby authorizes Distributor and its electronic funds service providers, including authorized banks, to use invoice information to initiate debits/credit entries for your irrevocable payment for goods and services rendered by Distributor as designated (including the initiation of adjusting debits/credits for entries made in error or entries requiring reversals due to return items) and for any other purpose related to the invoice information. All entries shall be made to the Company account shown above. Company agrees to fund the account adequately and guarantees to Distributor that sufficient funds will be available in the account to cover such debits/credits. Company agrees to accept such debit/credits and not to block access to the accounts. This authorization is to remain in full force and effect until Company has provided written authorization for its termination at such time and in such manner so as to afford distributor, its electronic funds service providers and Company's bank a reasonable opportunity to act on it. Company and undersigned each represent and warrant that they are authorized and empowered to execute this authorization for the purposes specified herein. Company agrees to indemnify and hold Distributor and its electronic funds service providers harmless from any damage, loss or claim resulting from the Distributor's authorized actions hereunder. Non-sufficient funds in the account will result in a \$50 fee.</p>					
ADDITIONAL DISTRIBUTORS TO AUTHORIZE FOR EFTDIRECT™					
Distributor:			Customer Number:		
Distributor:			Customer Number:		
Distributor:			Customer Number:		
Distributor:			Customer Number:		
ACCEPTANCE BY RETAILER					
Signature*			Title*		
Print Name*			Date*		