

**ELECTRONIC FUND TRANSFER AUTHORIZATION  
DEBIT/CREDIT AGREEMENT  
RETAIL MARKETER**

Customer's Name (enter full name)

Telephone #

Customer's Address

City

State

Zip Code

\_\_\_\_\_ hereby authorizes \_\_\_\_\_  
its wholly owned subsidiaries and affiliates (Company) entries to customer's bank account  
indicated below and the bank named below to debit or credit such transactions to such bank  
account.

Bank

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

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

ABA Routing #: \_\_\_\_\_ Account: \_\_\_\_\_

Telephone: \_\_\_\_\_ Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

This authority shall remain in effect until terminated upon 15 days written notice by either  
Customer or Company at \_\_\_\_\_. However, the Company  
may terminate this agreement immediately in the event that bankruptcy or insolvency  
proceedings are begun by or against Customer or in the Company's sole judgement, other  
financial impairments exist as to the Customer's business. Notice of termination shall in no way  
affect the crediting transactions initiated prior to the effective termination date.

Customer hereby agrees to waive any requirements of the Company to make prior notification of  
amount and date of debit entries to Customer's bank account provided, however., such  
transactions are for a sum due and owing the Company as supported by invoice(s).

The products and current applicable terms of sale subject to this agreement are listed below.  
The terms of sale in effect this date are subject to change at any time upon notification by  
Company.

All other credit, terms of sale and requirements between Customer and Company remain in  
effect. It is understood that this authorization is subject to credit approval by Company.

AUTHORIZED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
(Print full Name)

\_\_\_\_\_  
(Signature)

**\*Please include a voided deposit slip or check with this form.**