



## *Electronic Funds Transfer Authorization Form*

### **Section I: Customer Information**

Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Section II: Bank Account Information**

ABA/Transit Routing #   
Account #   
Bank Name: \_\_\_\_\_

### **Section III: Authorization Agreement**

1. **I the undersigned, certify** that I am a signer on the account listed above with the authority to grant this authorization and hereby authorize that **Wholesale Specialties** or any agents of **Wholesale Specialties** is authorized to debit the account referenced above via draft (ACH) or other Electronic Funds Transfers (EFT).
2. **I the undersigned, certify** that the bank referenced above is hereby requested, authorized and directed to honor and treat as authorized, checks, drafts or moneys drawn in my name in accordance with this authorization.
3. **I the undersigned, certify** that in the event any such draft or EFT is returned unpaid, I agree to have the account referenced below debited electronically or otherwise drafted for an item fee of \$25.00, plus any applicable taxes.
4. **I the undersigned,  (if checked) authorize Wholesale Specialties** to initiate recurring EFT drafts on the account to pay outstanding balances and obligations as they become due.
5. **I the undersigned, certify** that this authorization shall remain in effect and the authority herein given to **Wholesale Specialties** shall remain irrevocable until **Wholesale Specialties** receives written notice of revocation of such authority. Revocation shall not affect any action taken prior to receipt of such notice.

Authorized Signature: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

Customer #: _____
Receipt Address/Email/Fax: _____

*Return via email or fax to your Wholesale Specialties Credit Associate*