AMCHAR WHOLESALE INC.
WWW.AMCHAR.COM 800-333-0695
100 Airpark Drive / Rochester, NY 14624 / 585-328-3951 / 585-328-3749 Fax

RECURRING AUTHORIZATION FORM FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

I (we) hereby authorize AmChar Wholesale, Inc. to initiate debit entries to my (our) checking account at the depository financial institution entered below ("Depository"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law. This authorization is to remain in full force and effect until AmChar Wholesale, Inc. has received notification of its termination , either via certified mail or email notification with read receipt If an item is dishonored or returned for any reason, I authorize an additional debit to the account listed above for $35.00 or the maximum amount allowed by law, whichever is less. By signing on the line below, I agree to the terms of this agreement. Please print this authorization page and retain a hard copy or electronic copy for your records.

Today's Date / / 20

Banking Institution Name _____

When was the account Opened (MM / YYYY) ___/_____

Legal Entity/ Company Name: _____

D.B.A _____

Depository Routing Number _____

Depository Account Number _____

Name of Authorizer Signer _____
Title _____
Signer _____
Title _____

FFL, Owner _____
FFl License Number Expiration Date _____/____/_____

ATTACH

A VOIDED CHECK (or) BANK LETTER WITH ROUTING AND ACCOUNT NUMBER

HERE