

ACH Authorization Form

This form **MUST** be accompanied by a **Void Check or Bank Letter**

Company Name: _____
Owner or President: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Funds Settlement Information

Bank Name: _____
Account Owner: _____
Account Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Routing # (9 digits) _____
Account # _____

_____ (hereinafter referred to as customer) authorizes AGRI SALES USA d/b/a SHAVINGS-DIRECT.COM or its designated assignee (hereinafter referred to as AGRI SALES), to initiate ACH transfer entries and to credit and/or debit the account identified herein for transactions related to ongoing product sales. This authorization shall remain in effect unless and until AGRI SALES has received written notification from Customer that this authorization has been terminated in such time and manner to allow AGRI SALES to act. Undersigned represents and warrants to AGRI SALES that the person executing this Release is an authorized signatory on the Account referenced above and all information regarding the Account and Account Owner is true and correct. Fees resulting from returned ACH debts will be \$25 per occurrence and may result in a termination of ACH privileges by AGRI SALES USA, INC.

_____/ /
Account Owner Signature Date

Print Name and Title

ATTACH PRE-PRINTED VOIDED CHECK
OR
BANK LETTER