

# AUTHORIZATION AGREEMENT AUTOMATIC PAYMENTS (ACH Credits and Debits)

I \_\_\_\_\_, hereby authorize HARRISON GROCER CO., INC., dba PIPPIN WHOLSALE COMPANY, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution Name) (Branch)

\_\_\_\_\_  
(Address) (City/State) (Zip Code)

\_\_\_\_\_  
(Routing Number) (Account Number)

Type of Account:   \_\_\_ Checking   \_\_\_ Savings

Email address for ACH notification: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Individual Name) ID Number (if required by Financial Institution)

\_\_\_\_\_  
(Signature) (Date) / /

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**