
AUTHORIZATION AGREEMENT FOR ELECTRONIC CHECK (ACH)

CUSTOMER NAME: _____

I (we) hereby authorize JULIAN PERKINS, INC., hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) ___ Checking Account, or ___ Saving Account (select one) indicated below at the depository named below, hereinafter called Depository, to debit and/or credit the same to such account.

BANK/FINANCIAL INSTITUTION NAME: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

The diagram shows a check with the following fields and labels:

- My Name**: _____
- My Address**: _____
- My City, State, & Zip**: _____
- Pay to the order of**: _____
- The Bank Name**: _____
- Bank Address**: _____
- 101** (top right)
- 50-9999/9999-1** (middle right)
- 20** (bottom right)
- Dollars** (bottom right)
- 123456789** (bottom left)
- 12 34567898** (bottom center)
- 101** (bottom right)

Labels and boxes:

- TRANSIT/ABA Number**: points to the routing number 123456789.
- Account Number**: points to the account number 12 34567898.
- Attach a Copy of Voided Check**: a box below the check.

OR

AUTHORIZATION TO PROCESS CREDIT CARD

Card # _____ Exp. Date ___/___/___ SIC Code _____
Visa, Mastercard, American Express, Discover, Fuelman

For my benefit and convenience, Company is hereby authorized to debit my account for \$ ___(Balance Due On my Account) ____. That have been outlined to me in this agreement. 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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME (S): _____

(Please Print)

DATE: _____

SIGNED: _____ SIGNED: _____

PLEASE FILL OUT THE INFORMATION IF YOU WISH TO HAVE YOUR PAYMENTS PROCESSED AUTOMATICALLY ACCORDING TO YOUR TERMS. THANK YOU!!