

ACH Debit Authorization Agreement

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

Company Name: _____
Address: _____
Company ID: _____

I (we) hereby authorize Seafood Wholesalers LTD to initiate debit entries from the account indicated below and the depository

Depository Name: _____ Branch _____
City: _____ State _____ Routing/Transit # (ABA) _____
Checking Account #: _____

I understand that this authorization will remain in effect until I canceled it in writing. I agree to notify Seafood Wholesalers LTD in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF) I understand that Seafood Wholesalers LTD may at its discretion attempt to process the charge again within 7 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depositor Name: _____

Print Name Title Signature Date

You will be charged the amount due by your account term. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from Seafood Wholesaler LTD at least 1 day prior to the payment being collected.

Depositor is required to verify bank account data and attach a voided check here.

VOID