

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS and CREDITS)

Company ID Number _____ (will be assigned by Voss Distributing)

I (We) hereby authorize **Voss Distributing LLC** hereinafter called COMPANY, to initiate debit/credit entries to my (our) ___ Checking Account/ ___ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit/credit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

Depository Name _____
Customer/Chain Name

Bank Name _____

Branch _____

Bank Address _____
(City, State, Zip)

Bank Account Number _____

Routing Number _____

This authorization is to remain in full force and effect until Voss Distributing, LLC has received written notification from me (or either of us) of its termination in such time and in such manner to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ ID Number _____

Date _____ Signature _____

Note: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE RETURN THIS FORM WITH A VOIDED CHECK