

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name _____

Customer # _____

I (we) hereby authorize WALTON BEVERAGE COMPANY, INC., hereinafter called COMPANY, to initiate debit entries to my (our)

Checking Account

Savings Account (select only one)

at the depository bank named below, hereinafter called DEPOSITORY, and to debit 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 _____

Branch _____

City _____

State _____

Zip _____

Routing
Number _____

Account
Number _____

This authorization 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) _____

Date(s) _____

Signature(s) _____

PLEASE INCLUDE A VOIDED CHECK TO ASSURE PROPER PROCESSING OF YOUR REQUEST. THANK YOU!