

AUTO

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name Furst-McNess Company

Company ID Number 36-1112600

I (we) hereby authorize **Furst-McNess Company**, hereinafter called COMPANY, to initiate debit entries to my (our) _____ Checking Account or _____ Savings Account (select one) indicated below at the depository financial institution named below, hereafter 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 provision of U.S. law.

PLEASE ATTACH VOIDED CHECK

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.

Company	_____	Customer #	_____
Email	_____	Phone #	_____
Name(s)	_____	ID #	_____
	Please Print		
Signature(s)	_____	Date	_____
Name(s)	_____	ID #	_____
	Please Print		
Signature(s)	_____	Date	_____

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

INSTRUCTIONS:

1) Please choose the way you wish to receive your invoices: **Circle one: MAIL or EMAIL**

2) **Send the completed and signed agreement** along with a **voided CHECK** to:

Furst-McNess Company
1252 Bell Valley Rd., Suite 220
Rockford, IL 61108
ATTENTION: Credit Department
or email to customer.setup@mcness.com