AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: Furst-McNess Company   Company FEIN: 36-1112600

I (we) hereby authorize Furst-McNess Company, hereinafter called COMPANY, to initiate debit 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 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 HERE

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 Number _____

Email _____   Phone Number _____

Name(s) _____   Date _____
                (Please Print)

Signature(s) _____

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

<mark>Instructions</mark>

1) Please choose the way you wish to receive your invoices: **Circle One: MAIL or EMAIL**
2) Please choose how you wish to have funds pulled via ACH: **Circle One: AUTO or MANUAL**
   a) **Auto ACH** – we automatically pull the payment ten days after the date of the invoice.
   b) **Manual ACH** – the customer contacts the credit department to initiate the payment at their convenience.
3) **Send the completed and signed agreement** along with a **VOIDED CHECK** to:

        Mail: Furst-McNess Company   **OR**   **Email**: customer.setup@mcness.com
              1252 Bell Valley Rd, Ste 220
              Rockford, IL 61108
              ATTN: Credit Department