

**AUTHORIZATION AGREEMENT FOR  
ELECTRONIC FUNDS TRANSFER (EFT)**

(Type or Print in Ink)

**SECTION I**

Corporate Name \_\_\_\_\_

DBA (Doing Business s) \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

**SECTION II**

**ACH Debit**

Seaboard Neumann Distribution is hereby authorized to initiate debit entries to the bank account identified below and the bank is authorized to debit such account. This authority is to remain in full force until Seaboard Neumann Distribution and I mutually agree to terminate my participation in the EFT program.

Bank Name \_\_\_\_\_

Bank Account Number (not to exceed 17 digits) \_\_\_\_\_

Type of Account

Checking \_\_\_\_\_

Savings \_\_\_\_\_

Routing Number \_\_\_\_\_

Signature of Authorized Representative and Title \_\_\_\_\_

Print Name of Authorized Representative \_\_\_\_\_

Return this completed form to:

Don Hudson  
Seaboard Neumann Distribution  
P O Box 37589  
Jacksonville, FL 32236

Or

Fax to: (904) 418-5152