



395 S. GLEN ELLYN RD. BLOOMINGDALE, IL 60108
1-800-999-8069 or 1-630-545-9098 Fax 1-630-858-7498
Hours 8:00 AM to 5:00 PM Central Time

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT WITHDRAWALS

Customer # _____

Customer Name _____ Customer Federal ID Number _____

I (we) hereby authorize **NOW Foods**, to initiate ___ **single** (*specify invoice(s) below*) / ___ **multiple** (*permanent terms of credit/debit entries to my (our) ___ **Checking Account** / ___ **Savings Account** (select one)*) indicated below, at the DEPOSITORY financial institution named below. 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 _____

ABA Routing Number _____ **Account Number** _____

This authorization is to remain in full force and effect until **NOW Foods** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **NOW Foods** and DEPOSITORY a reasonable time to act on it.

Owner's/Officers

Name _____
(please print)

Owner's/Officers

Signature _____ Date _____

For single usage
Invoice(s) _____ Amount _____
Invoice(s) _____ Amount _____
Invoice(s) _____ Amount _____
Invoice(s) _____ Amount _____

Please provide your name and e-mail address if a confirmation is needed.

Name _____ E-mail Address _____

PLEASE RETURN TO THE CREDIT DEPARTMENT

FAX: 630-858-7498

For further assistance, contact the Credit Dept. @ 630-545-9098 ext. 278,279,286,287,288 or 289