



Century Distributors, Inc.

15710 Crabbs Branch Way

Rockville, MD 20855-2620

www.centurydist.com

Tel: 301-212-9100 • Fax: 301-212-9681

Authorization Agreement For Preauthorized Payments (ACH Debits)



Company

Name _____

Company

Account Number _____

I (we) hereby authorize **Century Distributors**, hereinafter called **Company**, to initiate Debit entries to my (our) checking account indicated below at the depository named below, Hereinafter called **Depository**, 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 No. _____

This authorization is to remain in full force and effect until **Company** has received written Notification from me of its termination in such manner as to afford **Company** and **Depository** A reasonable opportunity to act on it.

Name(s) _____

Account Number _____

Please print

Date _____ **Signed** _____

Signed _____

We will send you notification before any draft is processed for payment. You have a choice of Being notified by fax or e-mail. Please provide **either** fax or e-mail address that you want us to use:

Fax # for ACH notification: _____ OR e-mail: _____

Please provide a copy of your check, we need only your signature on the form above.