

AUTHORIZATION FOR ACH



CONSUMER NAME _____

I (We) hereby authorize Mid South Sales, Inc., hereinafter called COMPANY, to initiate credit and/or debit entries to my (our) ___Checking ___Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. All ACH transactions originated will comply with the laws of the United States.

DEPOSITORY

NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT / ABA NO. _____

ACCOUNT NO _____

This authority 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.

NAME _____

(PLEASE PRINT)

DATE _____

SIGNED X _____

SIGNED X _____

EMAIL ADDRESS _____

(TO SEND ACH NOTICES TO)

PLEASE ATTACH VOIDED CHECK TO THIS FORM