

ELECTRONIC DEBIT AUTHORIZATION FORM

To our Customer

We are pleased to announce that you can pay your monthly charges to us automatically through an electronic bank draft system. **You will no longer have to write and mail us a check.** Simply complete the information below and attach a voided check and return to our office.

I hereby authorize an automatic debit on the account designated below for the Royal Crest Dairy invoice AMOUNT each month. My account will be automatically debited by an electronic bank draft on the **20th** of each month for as long as I am a customer of Royal Crest Dairy, or I call to stop this process. Your balance is always available on the first of every month through an itemized statement.

PLEASE PRINT THE FOLLOWING INFORMATION:

Name _____ Royal Crest Account # _____

Address _____ Phone () _____

City _____ State _____ Zip _____ Work () _____

Recurring variable amount (please initial here _____) Rte. # _____ Date _____

Bank Routing # (9 digit _____) (The first row of numbers on the bottom left of your check)

Account # _____ (The next row of numbers on the bottom left of your check)

Your bank name _____

In accordance with banking regulations, I understand that any drafts returned for insufficient funds will be billed to my Royal Dairy account plus a return fee of \$25.00. I also realize that if needed credit check inquiries may be pulled for business use only.

Signature

Date

PLEASE ATTACH A VOIDED CHECK