

# ADC ELECTRONIC DEALER DISTRIBUTION ACH AUTHORIZATION

ADC Dealer#: \_\_\_\_\_

Name of ADC Member: \_\_\_\_\_

Address: \_\_\_\_\_

We agree to receive payments from Appliance Dealers Cooperative (ADC) using the ADC Electronic Fund Transfer System in lieu of any paper check ADC would need to generate. We authorize ADC to process an Electronic Funds Transfer into the bank account listed below on the distribution due dates specified through use of this program.

We understand that ADC will immediately cease to submit Electronic Fund Transfer requests into our bank account below upon ADC's receipt of our written notice, but that there may be prior electronic fund transfers still pending processing at the time of ADC's receipt of our written notice for which we will still be responsible. We acknowledge that this authorization will require at least eight (8) business days to activate, and that ADC will notify us prior to processing the first Electronic Fund Transfer.

NO, WE WOULD NOT LIKE TO RECEIVE DEALER DISTRIBUTIONS VIA ACH (please sign and date)

YES, WE WOULD LIKE TO RECEIVE DEALER DISTRIBUTIONS VIA ACH (please complete all blank fields)

Dated: \_\_\_\_\_ For ADC Member: \_\_\_\_\_

(Signature of Principal)

\_\_\_\_\_  
(Print Name of Principal)

## BANK INFORMATION

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

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

\_\_\_\_\_  
Bank Telephone No.

## ACCOUNT INFORMATION

\_\_\_\_\_  
Account Name, exactly as appears on Account

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
ACH ROUTING NUMBER (Please contact your Bank)

Select One:  Checking Acct  Savings Acct