

ADC ELECTRONIC DRAFT AUTHORIZATION

ADC Dealer#: _____

Name of ADC Member: _____

Address: _____

We agree to make certain payments due Appliance Dealers Cooperative (ADC) using the ADC Electronic Fund Transfer System. We authorize you to process an Electronic Funds Transfer against the bank account listed below on the payment due dates specified through use of this program.

We authorize ADC to process an Electronic Fund Transfer for the FULL AMOUNT that we are over our ADC Credit Line or past due on our ADC Invoices, whichever is greater, on such days as we receive goods from ADC.

We agree that we will be responsible for all payments transmitted by Electronic Fund Transfer unless we give ADC at least 72-hour advance written notice that this authorization is revoked. We understand that ADC will immediately cease to submit Electronic Fund Transfer requests against 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 8 business days to activate, and that ADC will notify us prior to processing the first Electronic Fund Transfer.

For ADC Member: _____
(Signature of Principal)

Dated: _____
(Print Name of Principal)

BANK INFORMATION	ACCOUNT INFORMATION
Name of Bank	Account Name, exactly as appears on Account
Bank Address	Account Number
Bank Telephone No.	ACH ROUTING NUMBER (Please contact your Bank)
	Select One: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account