



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Van Millwork Company ID: 1043251491

I (we), _____, hereby authorize Van Millwork to initiate ACH debit entries to my (our) [] checking account / [] savings account (select one). This authorization will remain in effect until I (we) notify Van Millwork in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I (we) can stop payment of any entry by notifying my financial institution three days before my account is charged.

Financial Institution: Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Account Information: Account Title: _____

Routing Number: _____ **Account Number:** _____

Payment Information*: Payments will be withdrawn on the 10th of each month for the total amount of your statement balance, less discounts. Statements are mailed on the 1st of each month.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name(s): _____ Code: _____
Print Full Name Van Customer Code

Signature: _____ Date: _____
Authorized Company Signer

OTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Please attach a voided check.