



Electronic Payment (Debit) Authorization

I (we) owe an account to Augusta Coop for purchases made and I (we) acknowledge that the account is payable to Augusta Coop according to the terms of Augusta Coop's Credit Policy, and I (we) hereby authorize Augusta Coop, a Virginia company, to initiate periodic electronic debits (ACH or through the Automatic Clearing House Network), **as directed by me(us) from time to time either electronically or otherwise**, from the account and depository shown below:

My (our) full name on the Bank Account: _____

My (our) Home Address for this Account: _____

My (our) Email Address: _____

Bank Name: _____

Bank Routing/Transit Number*: _____

My (our) Bank Account Number*: _____

**See below for an explanation of where to locate numbers on your bank checks*

NOTE: FOR VALIDATION PURPOSES, PLEASE ATTACH A COPY OF A VOIDED CHECK FOR THIS ACCOUNT. FOR CORPORATE ACCOUNTS, THE PERSONS BELOW SIGNIFY BY THEIR SIGNATURES HERETO THAT THEY ARE DULY AND FULLY AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION IN THE CAPACITY STATED.

Authorized Signature(s)

Date

Office (for corporations)

Authorized Signature(s) (joint account holder)

Date

***Explanation of Check Numbers**

Bank Routing/Transit Number - This is a 9 digit number separated by a bar and a colon, such as |: 123456789 |: and is usually placed at the far left bottom corner of your check.

Account Number -- This number is a ten digit number usually placed to the right of the routing/transit number.

Check Number -- Matches number in the upper right corner of check. NOT REQUIRED FOR ACH. This is the actual number of that particular check.

To protect the integrity of this program and to insure that you do not suffer additional charges, inconvenience or other problems, please maintain a bank balance sufficient to honor charges presented for payment. If you change banking arrangements, sufficient funds should be left in the account to honor charges presented for payment until you have made the proper changes with your employer. This authorization shall remain valid unless revoked in writing or by operation of law. If insufficient funds, a \$35.00 charge will be invoiced to your account for fees.

Mail completed form and voided check to: Augusta Coop, Attn: ACH Manager, 12058 Richmond Rd. Staunton, VA 24401