



C.O. JELLIFF CORPORATION

354 Pequot Avenue

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AUTHORIZATION AGREEMENT FOR AUTOMATED DIRECT DEPOSITS (ACH CREDITS)

Company Name _____ Customer Number _____
As shown on the bank account

Company Name if different from above _____

Federal Identification Number or Social Security Number _____

Address _____
Number and Street and/or PO Box Number City, State and Zip Code (00000-0000)

Your signature below authorizes the transfer of funds, to initiate credit and, if necessary, debit entries and adjustments for any entries in error to my:

(select type of account) Checking Account Savings Account

as indicated, at the depository Financial Institution named below, and to credit or debit the same from such account. I acknowledge that the authority will remain in effect until I have cancelled it in writing and that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution _____ Telephone _____

Address _____
Number and Street and/or PO Box Number

City _____ State _____ Zip _____

Routing Number _____ Account Number _____
(ABA Transit Routing 9 digit number)

Electronic notification: I hereby request that all future notices of EFT deposits to the bank account specified above be sent to the following email address: _____

This authorization is to remain in full force and effect until Jelliff Corporation has received written notification from the applicant of its termination in such time, and in such manner as to afford Jelliff Corporation and the Financial Institution a reasonable opportunity to act on it.

Name _____ Title _____
(Please Print)

Signature _____ Date _____

Telephone _____