Mountain/Service Distributors

Full Line Convenience Products Distributor

PREAUTHORIZED BILL PAYMENT ACH Debit Authorization

I(we) herby authorize Mountain/Service Distributors, hereafter called COMPANY, to initiate debit entries to my (our) account indicated below at the Financial Institution name below, hereinafter call FINANCIAL INSTITUTION, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I (we) hereby authorize the COMPANY to initiate a "reversing entry" to correct an erroneous debit entry previously initiated to my (our) account indicated below.

Recurring Entries **Single Entry**

Frequency: **Weekly** **Bi-Weekly** **Monthly**

Subsequent Entries –By signing this form, I agree that all future debits will continue until cancelled with written revocation by the undersigned. No affirmative action needs to be initiated for further action.

Dollar Amount of Entry: _____ or Describe Method of Determining Entry:
Accounts Receivable Invoices that are due, based on the terms of the account.

Financial Institution Name: _____

Routing #: _____ **Account #:** _____

Account Type: **Checking** **Savings** **Start Date** _____

This authorization is in conjunction with my (our) agreement with the COMPANY for Automated Clearing House pre-authorized payments and my (our) agreement to be bound by National Automated Clearing House Association (NACHA) Operating Rules. I (we) certify that I (we) are an owner or authorized signer for the checking/savings account listed above. This form must be received in such time and manner as to afford COMPANY and effect until COMPANY has received written notification from me (or either of us) by mail or at one of the FINANCIAL INSTITUTION a reasonable opportunity to act on it. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) by mail or at one of the COMPANY'S acceptable locations of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name: _____**Signature:** _____**Date** _____

Name: _____**Signature:** _____**Date** _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

Mountain's Account Name: _____ Acct # _____

Mountain's Salesperson: _____Processing Day: _____ Terms: _____

40 Lake Street/PO Box 520
South Fallsburg, NY 12779
845-434-5674 Fax 845-434-0059