



Authorization Agreement for Pre-authorized Payments

Agent Store Name: _____

Agent ID #: _____

I (we) hereby authorize Main Street Bank & Trust of Decatur, hereafter called COMPANY, to initiate entries to my (our) account indicated below and depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Agent Bank Name: _____

Branch: _____

Routing / ABA #: _____

Account #: _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Location Contact Person's Name(s): _____

Main Phone: _____

Owner: _____

Fax: _____

E-Mail: _____

Main Location

Main Shipping Address

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

- Failure to provide correct shipping address will result in fees charged to the agent listed above.

Payment Methods Accepted: _____

Terms: _____

Return Item Deposit Fees: _____

Business Hours: _____

It is your responsibility to IMMEDIATELY notify FirsTech at (217) 421-7109 Upon the first deposit to this account.

Failure to call may result in incorrect funds transfers and unnecessary fees to your account, for which FirsTech will not be held responsible.

Signature: _____

Date: _____