

ACH AUTO-DEDUCT / DIRECT DEBIT ENROLLMENT

QUESTIONS ? Call 312-738-1111

EFFECTIVE DATE _____
BUSINESS NAME _____
BILLING STREET ADDRESS _____
CITY / STATE _____
PHONE _____

CUSTOMER # _____
CONTACT NAME _____
EMAIL _____
ZIP _____
FAX _____

**Confirmation of each transaction will be sent to you by statement to the email address you have provided on this form

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ENTER BANK ACCOUNT NUMBER

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ENTER 9 DIGIT ROUTING NUMBER

ENTER BANK NAME _____

Please Attach a Copy of a Blank Voided Check

Our company agrees to pay Battaglia Distributing Corp., Inc. by electronic funds transfer and hereby authorizes Battaglia Distributing Corp., Inc. or its designated representative to periodically debit the undersigned bank account in line with payment terms provided by Battaglia Distributing Corp., Inc. It is acknowledged that Battaglia Distributing Corp., Inc. will have no authority to draw upon the bank account of the undersigned at any time prior to the due date based on your payment terms as indicated on your invoice. In no event will Battaglia Distributing Corp., Inc. be authorized to withdraw an amounts in excess of the net invoice amount. Credits due and indentified at the time of delivery will also applied to the invoice prior to initiating the debit.

This agreement may be revoked by the undersigned or Battaglia Distributing Corp., Inc. upon 30 days written notice to either party. This agreement may be revoked immediately by Battaglia Distributing Corp., Inc. upon notification that any charge due has not been paid due to insufficient funds or is paid but reversed by any bank of notice to Battaglia Distributing Corp., Inc. of the undersigned's bankruptcy.

In the event my electronic debit or transfer is returned, I agree that a \$25.00 return item fee will be electronically charged to my account.

The undersigned agrees to provide a copy of this agreement to its bank or other depository from which the direct debits are to be made and shall request such bank to cooperate with Battaglia Distributing Corp., Inc. in the payment of all charges.

To:

Battaglia Distributing Corp., Inc.
2500 S Ashland Avenue
Chicago IL 60608
Attention: AR Dept

To the Undersigned:

Company Name: _____

Street Address: _____

City/State/Zip: _____

Attention: _____

Signature : _____

Date: _____

Print Name and Title: _____