

JJ White Inc.  
5500 Bingham St  
Philadelphia Pa 19120  
215-722-1000

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT (ACH)**

Please select one of the following:

\_\_\_\_ First time request for ACH payment                      \_\_\_\_\_ Request to change ACH payment information

The following bank information applies to:

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Account Information: I hereby authorize JJ White Inc. to initiate deposits to the Checking Account described below: **(No Savings Accounts)**

Bank Name:

Address:

City:

Routing/ABA# \_\_\_\_\_

Bank Acct # \_\_\_\_\_

Deposit Notification Information: I hereby authorize the following individual to receive notification via email of payment details of all funds deposited to the above account:

1. Name
2. Email address
3. Title
4. Phone #

Term: This authority will remain in full force and effect until JJ White Inc. has received written notice on company letterhead of discontinuation and in such manner as to afford JJ White Inc. a reasonable opportunity to act on it.

Officer Name: (printed)

Signature:

Title:

Phone #:

Date: