

## **ACH Authorization Form**

As payment for goods and/or services sold to **EVERRA**. ("EVERRA"), I hereby authorize EVERRA to initiate credit entries to the designated checking or savings account of **VENDOR/ACCOUNT HOLDER** at the FINANCIAL INSTITUTION listed below, and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until it is can-celled in writing to EVERRA, and EVERRA and the FINANCIAL INSTITUTION have a reasonable opportunity to act on it. I attest that I have the authority to execute this form on behalf of the VENDOR/ACCOUNT HOLDER.

Signature	Name (PLEASE PRINT)	Title
VENDOR/ACCOUNT HO	LDER:	
Vendor Name ( <i>Please pri</i>	nt):	
DBA Name:		
Street Address:		
City:		
State/Province:		
Zip/Postal Code:		
Tel:		
E-mail Address for remitta	ance alerts:	
FINANCIAL INSTITUTIO	N:	
Name (Please print):		
Branch Address:		
Routing Number (9 digits): Account Number:		Number:
	These numbers are located on the bottom of your check as follows:	
	Routing Number Account	
Business Chec	king Personal Checking	g Savings
Please return this form by mail,	fax or e-mail to:	
Everra		Everra use only:  Date rec'd:
10130 Mallard Creek Rd, Suite		Date entered:By:
l00, Charlotte, NC 28262, Γel: 704-599-2804.		Vend #:

SFL ACH ver.1.2

Fax: 518.489.5713 E-mail: logistics@everraglobal.com

Attn: RICH LA CHIUSA