FARNSWORTH
WHOLESALE COMPANY
a MORSCO company

Electronic Funds Transfer Authorization Form

Section I: Customer Information

Company Name:_____

Street Address:_____ City: _____

State:_____ Zip:_____ Phone:_____

Section II: Bank Account Information

ABA/Transit Routing # ☐☐☐☐☐☐☐☐☐

Account # ☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank Name: _____

Section III: Authorization Agreement

1. **I the undersigned, certify** that I am a signer on the account listed above with the authority to grant this authorization and hereby authorize that ***Farnsworth Wholesale Co*** or any agents of ***Farnsworth Wholesale Co*** is authorized to debit the account referenced above via draft (ACH) or other Electronic Funds Transfers (EFT).

2. **I the undersigned, certify** that the bank referenced above is hereby requested, authorized and directed to honor and treat as authorized, checks, drafts or moneys drawn in my name in accordance with this authorization.

3. **I the undersigned, certify** that in the event any such draft or EFT is returned unpaid, I agree to have the account referenced below debited electronically or otherwise drafted for an item fee of $25.00, plus any applicable taxes.

4. **I the undersigned,** ☐ **(**if checked**) authorize** ***Farnsworth Wholesale Co*** to initiate recurring EFT drafts on the account to pay outstanding balances and obligations as they become due.

5. **I the undersigned, certify** that this authorization shall remain in effect and the authority herein given to ***Farnsworth Wholesale Co*** shall remain irrevocable until ***Farnsworth Wholesale Co*** receives written notice of revocation of such authority. Revocation shall not affect any action taken prior to receipt of such notice.

Authorized Signature:_____

Name/Title:_____

Date: _____

Customer #:_____

Receipt Address/Email/Fax:

_____

Return via Email to your Farnsworth Credit Associate or via fax to (480) 282-5920