

COUCH DISTRIBUTING COMPANY

INC.

P.O. Box 50004 - Watsonville, CA. 95077-5004
Phone 831-724-0649 Fax 831-724-4293

Free EFT Payment and Reporting Program

- No Cost
- Includes Online Invoice and Payment Reporting
- Eliminates paying with cash, checks, or money orders
- COMPLIANCE: invoices paid automatically according to Invoice Terms
- Quick and easy sign-up

EFT Enrollment Form: All information on this form is required

| | | | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Customer Name (Company): | Location Address <input type="checkbox"/> same as mailing or attach list: | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | | | | | | | | | | | | |
| Company Phone: | Company Fax: | | | | | | | | | | | | | | | |
| Primary Contact Name: | Company Federal Tax ID: (always 9 digits) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Contact Phone: | Contact E-Mail: | | | | | | | | | | | | | | | |
| **Please attach a voided check on a separate page** | | | | | | | | | | | | | | | | |
| Bank Name: | | | | | | | | | | | | | | | | |
| Account Number : <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | | | | | | | |
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| ABA Transit/Routing Number (always 9 digits) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | <input type="checkbox"/> Updated Bank Account Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | | | | | |
| | | | | | | | | | | | | | | | | |
| <p>The undersigned on behalf of Company hereby authorizes Couch Distributing (Distributor) and its electronic funds service providers, including authorized banks, to use invoice information to initiate debit/credit entries for irrevocable payment for goods and services rendered by Distributor as designated (including the initiation of adjusting debits/credits for entries made in error or entries requiring reversals due to returned items) and for any other purpose related to the invoice information. All entries shall be made to the Company account shown above. Company agrees to fund the account adequately and guarantees to Distributor that sufficient funds will be available in the account to cover such debits/credits. Company agrees to accept such debits/credits and not to block access to the accounts.</p> <p>This authorization is to remain in full force and effect until Company has provided written authorization for its termination at such time and in such manner so as to afford Distributor, its electronic funds service providers and Company's bank a reasonable opportunity to act on it. Company and the undersigned each represent and warrant that they are authorized and empowered to execute this authorization for the purposes specified herein. Company agrees to indemnify and hold Distributor and its electronic funds service providers harmless from any damage, loss or claim resulting from Distributor's authorized actions hereunder.</p> | | | | | | | | | | | | | | | | |
| Primary Authorized Signature (must be a signer on the account shown above) | Secondary Authorized Signature (If Needed) | | | | | | | | | | | | | | | |
| Printed Name _____ | Printed Name _____ | | | | | | | | | | | | | | | |
| Date _____ | Date _____ | | | | | | | | | | | | | | | |

Insufficient Funds in the account will result in a \$50.00 fee

FOR DISTRIBUTOR USE ONLY
(FTS ID - 17553)

Customer Number: _____

Date Received: _____

TYPE 2

**FAX COMPLETED FORM AND VOIDED
CHECK TO: 831.724.4293**

Questions? Please contact us at
MyAccount@couchdistributing.com