

# Blanket ACH Payment Authorization


Sign and complete this form to authorize 2ND AMENDMENT WHOLESALE INC. to process ACH transactions to pay for any current or future invoices, with your authorization.

This Agreement governs ACH transactions initiated by 2ND AMENDMENT WHOLESALE INC. to credit or charge the Company indicated below. Both parties agree that the initiation of ACH transactions to the listed account(s) must comply with provisions of U.S. law and NACHA (National Automated Clearinghouse Association) Operating Rules.

This Agreement provides authorization for business to business individual ACH transactions to be initiated by 2ND AMENDMENT WHOLESALE INC. when authorized using the methods designated below. This Agreement will remain in effect until Company cancels it in writing. Both parties agree that this Agreement in conjunction with any of the designated methods constitutes authorization to debit Company's business bank account(s), and Company agrees not to dispute any debits with its bank provided the transaction(s) correspond to the terms indicated in this Agreement.

Please complete the information below & include copy of voided check on page 2:

I \_\_\_\_\_ authorize 2ND AMENDMENT WHOLESALE INC. to charge my bank account indicated below for invoices due for placed orders as well as any necessary payment adjustments for any transactions credited/debited in error.

Billing Address	Phone#
City, State, Zip	Email
Account Type	Business Checking    Business Savings    Personal Checking    Personal Savings
Name on Acct	
Bank Name	
Bank Routing #	
Account Number	
Bank City/State	

**\*\*\* PLEASE INCLUDE COPY OF VOIDED CHECK ON PAGE 2 \*\*\***

Individual Transaction Authorization Methods (check all that apply)	Phone	Fax	Email	Written	Web
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I authorize 2ND AMENDMENT WHOLESALE INC. to initiate ACH Debits and Credits to the bank account indicated above, provided each transaction is initiated according to the terms of this Agreement.

Signature	Date
Name	Title

I certify that I am an authorized representative of the Company indicated above and that I have the authority to enter into this Agreement on the Company's behalf. Company agrees to notify 2ND AMENDMENT WHOLESALe INC. in writing at least 15 days in advance of any changes in its account information. Company understands that because these are electronic transactions, these funds may be withdrawn from its account as soon as the date an individual transaction is authorized, and that it will have limited time to report and dispute errors.

In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), Company understands that 2ND AMENDMENT WHOLESALe INC. may attempt to process the charge again within 30 days and agrees to an additional \$25 charge for each instance an NSF is returned (\$50 for 2 NSF's on one check). In the case of a NSF ACH, the charge will be re-run as an ACH or on a credit card the Company has used for payment on a previous order.

**INITIAL  
HERE**

## COPY OF VOIDED CHECK

2ND AMENDMENT WHOLESALe INC. requires that you also provide a copy or scan of a voided check for the account that you wish to pay with ACH from. Our team uses this voided check for an additional verification step before we process the ACH transaction.

The best way to provide a voided check is to write "VOID" on the check, tape it to the area indicated below, then scan the page to your computer.

Alternatively, you can submit the voided check as separate scanned image attached to the same email as this completed form.

If you do not have access to a scanner you may mail this completed form with copy of voided check to our address or fax it to 1-855-808-9697.

**IMPORTANT:** Please make sure that below voided check matches bank routing number & account number information that was provided on page 1.

ATTACH VOIDED CHECK HERE

**PLEASE SUBMIT THIS COMPLETED FORM USING ANY OF THE AVAILABLE OPTIONS BELOW:**

**Email:**  
accounting@2ndamendmentwholesale.com

**Fax:** 1-855-808-9697

**Paper Mail:** Our mailing address is  
2856 N Washington St, Grand Forks, ND 58203



2856 N Washington St, Grand Forks, ND 58203  
**Call:** 1-855-434-2GUN    **Fax:** 1-855-808-9697  
info@2ndamendmentwholesale.com



**HOURS OF OPERATION**  
Monday-Friday 9AM-5PM CST  
Closed on Saturday & Sunday