

ATLANTA RETAILERS COOPERATIVE ASSOCIATION II LLC

Authorization Agreement Form

For Direct Deposit/Withdrawals (ACH Credits/Debits)

NEW CHANGE (Select one) Please use ONE Form per Member#

Mail OR Fax this Agreement PLUS Voided Check copy attached in the space below to:

Atlanta Retailers Association II LLC, Attn: Rebate Department- Direct Deposit Signup,
2055 North Brown Road, Suite 200, Lawrenceville, GA 30043 OR Fax: (404) 478-8525

YOU MUST INCLUDE A VOIDED CHECK COPY OF YOUR BUSINESS ACCOUNT AS LISTED IN YOUR APPLICATION FORM

Member Information		
Owner Name:	Member#	
Store address:	Phone:	Email:
DEPOSITORY (Financial Institution/Bank)		
Bank name: Phone# (Required)	Address:	
Account Information		
Name on Account: _____ Routing# _____ Account# _____	Type of Bank Account (select one) <input type="checkbox"/> Savings <input type="checkbox"/> Checking	All Account Owners (i.e. Authorized signers) _____ _____

I hereby authorize Atlanta Retailers Cooperative Association II, LLC, hereinafter called COMPANY; to initiate credit/debit entries to my account indicated above at the financial institution name above, hereafter called DEPOSITORY. This authorization is to remain in full force and effect until COMPANY has received WRITTEN notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it

Authorized Account Owner Signature

Date

Attach voided check copy