



Cod Company, Inc.

P.O. Box 121 • 12475 Knoll Road • Elm Grove, WI 53122-0121
(262) 786-3165 Office • (800) 236-7222 Sales • (262) 786-4544 FAX

AUTHORIZATION AGREEMENT FOR AUTOMATED WITHDRAWALS

COMPANY INFORMATION

NAME _____

FED ID NUMBER _____

I (we) hereby authorize , hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY AND ACCOUNT INFORMATION

DEPOSITORY
NAME _____

BRANCH _____

CITY _____

STATE _____

ZIP _____

TRANSIT/ABA# _____

ACCOUNT# _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time, and in such manner, as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME _____

(PLEASE PRINT)

NAME _____

(PLEASE PRINT)

SIGNED _____

SIGNED _____

DATE _____

DATE _____

NOTE: All written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.