



**AUTHORIZATION AGREEMENT FOR DIRECT WITHDRAWALS
(ACH DEBITS)**

I (we) authorize Ramko Distributors, Inc. hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any credit entries in error to my/our () Checking or () Savings account (select one) at the depository financial institution, hereinafter called DEPOSITORY, and to credit the same to such account.

DEPOSITORY NAME: _____

ADDRESS: _____

TELEPHONE: _____

ROUTING NUMBER: _____

ACCOUNT NO: _____

FOR CALENDAR YEAR: _____

This authorization is to remain in full force and effect until COMPANY has 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.

PRINTED NAME (S): _____

SIGNATURE: _____

ADDRESS: _____

TELEPHONE: _____

DATE: _____

PLEASE INCLUDE A COPY OF A VOIDED CHECK

FAX BACK TO: (419) 470-1801

OR EMAIL TO: info@ramkodistributing.com