

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

I (we) hereby 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 DEPSITORY, and to credit the same to such account.

DEPOSITORY

NAME: _____

ADDRESS: _____

TELEPHONE: _____

ROUTING NUMBER: _____

ACCOUNT NO.: _____

FOR CALLENDER 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 DEPSOITORY a reasonable opportunity to act on it.

PRINTED NAME (S) _____

ADDRESS: _____

TELEPHONE: _____

DATE: _____

FAX BACK TO: 419-470-1801

OR EMAIL: INFO@RAMKODIST.COM