



DPS WAX, Inc.

815-462-0939

www.dpswax.com email: info@dpswax.com

1601 Fairfax Traffic Way, Kansas City, KS 66115

email: suter3813@yahoo.com

ACH AUTHORIZATION AGREEMENT

ACCOUNTS PAYABLE

CUSTOMER NAME: _____ FEDERAL I.D. _____

CUSTOMER ADDRESS: _____

ACCOUNTING CONTACT: _____

TELEPHONE NUMBER: _____ FAX: _____

_____(“CUSTOMER”) DOES HEREBY AUTHORIZE DPS WAX, INC. TO INITIATE DEBIT AND IF NECESSARY, CREDIT ENTRIES AND ADJUSTMENTS FOR ANY DEBIT ENTRIES IN ERROR TO MY (OUR) ACCOUNT INDICATED BELOW AND THE BANK NAMED BELOW.

BANK NAME: _____

ADDRESS: _____ CITY: _____ ST: _____

TRANSIT/ABA #(LOWER LEFT CORNER OF CHECK, 9 DIGITS) _____

ACCOUNT # (CHOOSE ONE)

CHECKING: _____ SAVINGS: _____

THIS AUTHORITY IS TO REMAIN IN FORCE AND EFFECT UNTIL DPS WAX, INC.. HAS RECEIVED WRITTEN NOTIFICATION FROM ME (US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD DPS WAX, INC.. AND THE BANK A REASONABLE OPPORTUNITY TO ACT ON IT.

AUTHORIZED SIGNATURE: _____ DATE: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

ATTACH A COPY OF A VOIDED CHECK

DO NOT WRITE BELOW THIS LINE

AUTOMATIC WITHDRAWAL START DATE: _____ STOP DATE: _____

RECEIVED BY: _____ DATE: _____

Please email form & voided check to: info@dpswax.com or mail to:

Gayle Erickson

DPS Wax, Inc.

1513 Fernwood Terrace

New Lenox, IL 60451