



P.O. Box 3050, Tualatin, OR 97062
West Coast: (800) 243-8887 * Fax: (800) 343-0937
East Coast: (800) 582-8107 * Fax: (800) 582-8180

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

CUSTOMER NAME _____

CUSTOMER ID NUMBER _____

I/(we) hereby authorize Berg Wholesale, hereinafter called the COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my/(our) account named below, hereinafter called DEPOSITORY, to debit and credit the same to such account in accordance with the payment terms of the credit account with COMPANY.

Bank Name: _____

Branch: _____

City: _____ **State:** _____ **Zip:** _____

ABA ROUTING / TRANSIT #: _____

ACCOUNT #: _____

Please select one:

- Company checking account**
- Personal checking account**
- Company savings account**
- Personal savings account**

Please attach a voided check. If the transaction is into or out of a Savings Account, obtain the ABA Routing and Transit number from your Bank.

This authority 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.

Name: _____ **Name:** _____
(Please Print) (Please Print)

Signed: _____ **Signed:** _____
(On a joint account both parties must sign)

Date: _____ **Date:** _____