**ATLANTA RETAILERS COOPERATIVE ASSOCIATION II LLC**

**Authorization Agreement Form**

**For Direct Deposit/Withdrawals (ACH Credits/Debits)**

 **NEW CHANGE (Select one) Please use ONE Form per Member#**

Mee Information

 **Mail OR Fax this Agreement PLUS Voided Check copy attached in the space below to:**

 Atlanta Retailers Association II LLC, Attn: Rebate Department- Direct Deposit Signup,

 2055 North Brown Road, Suite 200, Lawrenceville, GA 30043 OR Fax: (404) 478-8525

 **YOU MUST INCLUDE A VOIDED CHECK COPY OF YOUR BUSINESS ACCOUNT AS LISTED IN YOUR APPLICATION FORM**

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| --- |
| **Member Information** |
| Owner Name: | Member# |
| Store address: | Phone:Email: |
| **DEPOSITORY (Financial Institution/Bank)** |
| Bank name:Phone# (Required) | Address: |
| **Account Information** |
| Name on Account:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Routing# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Type of Bank Account(select one) Savings Checking | **All Account Owners**(i.e. Authorized signers)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 I hereby authorize Atlanta Retailers Cooperative Association II, LLC, hereinafter called COMPANY; to initiate credit/debit entries to my account indicated above at the financial institution name above, hereafter called DEPOSITORY. This authorization is to remain in full force and effect until COMPANY has received WRITTEN notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it

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 Authorized Account Owner Signature Date

 Attach voided check copy