

ELECTRONIC FUND TRANSFER
AUTHORIZATION DEBIT PAYMENT AGREEMENT

Company name: _____

Telephone# _____ Fax # _____

Address : _____

City/State/Zip :

_____ (<<<ENTER NAME) hereby authorizes Powell-Christensen Inc ("company") entries to customer's bank account indicated below and the bank names below to debit such transactions to such bank account.

Bank Name: _____

Branch: _____

Address: _____

Telephone: _____

Transit/ABA # _____

Account # _____

Type: Cking _____ Svgs _____ (MARK ONE)

This authorization shall remain in effect until termination upon 15 days written notice by either customer or company and mail to Powell-Christensen Inc, PO Box 98, Grandview, WA 98930, unless, however, bankruptcy or insolvency proceedings are begun by or against customer, or in the company's sole judgment other financial impairments exist as to customer's business then the company may terminate this agreement without notice. Notice of termination shall in no way effect the crediting transactions initiated prior to the effective termination date.

All other credit, terms of sale and requirements between customer and company shall remain in effect. Should funds not be available (overdraw) shall be charged back to the account and a "NSF" fee of \$25.00 for EACH dishonored transaction shall be added to the account balance. If we have not received notification for cancellation of specific EFT payments for (3) individual transactions, company MAY require CERTIFIED FUNDS for payment or PRE PAYMENT of product PRIOR to delivery.

Authorized this _____ day of _____, 20____

AUTHORIZED SIGNATURE & COMPANY

Attached a VOIDED check