STANDING AUTHORIZATION FOR ACH PAYMENT

I hereby authorizes Imperial Dade to initiate debit entries and if necessary, to initiate credit entries in accordance with NACHA rules, reversing a debit entry made in error. All debit/credit entries will be made to the bank account of Company as provided below and Company agrees to fund the account adequately and guarantees to Imperial Dade that sufficient funds will be available in the account to cover such debits/credits. Company agrees to accept such debits/credits and not to block Imperial Dade's access to the bank account. I acknowledge that by signing below, I am providing a standing authorization for all future invoices to be paid automatically via ACH in lieu of an acknowledgement for each separate invoice.

I acknowledge that payment will be applied to the following account(s):

Customer Name(s): _____

Customer ID(s):_____

Contact Name: _____ E-Mail: _____

Financial Institution: _____Account Name: _____

Account Number: _____

ABA/Routing Number: _____

I agree by signing this authorization that the terms and conditions of my credit application and account status with Imperial Dade will not be affected.

Authorized Name: _____

Authorized Signature:_____Date: _____

*** An authorized signature is the signature of a person authorized as a signer on the bank account.*

Any changes to this process must be submitted in writing to Imperial Dade via e-mail 30 days in advance of the date the change is to be effective. I acknowledge that if an ACH payment is declined, that Imperial Dade will contact me for alternate payment, alternate payment must be made immediately available, and I am responsible for any fees incurred as a result of the declined payment.