



Authorized Agreement for Automatic Debits (Check by Fax)

Company Name _____

Address _____ City _____ State _____ Zip _____

I (we) hereby authorize Nutech Distributors dba Tech Source Distributors to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my Checking _____ or Savings _____ Account. (Please check either checking or savings account.)

Please indicate below the bank, credit union, savings and loan, etc. hereinafter called the DEPOSITORY, named below to credit and/or debit the same account.

Depository Name _____

Address _____

City _____ State _____ Zip _____

Transit/Routing No. _____ Account No. _____

MUST INCLUDE A VOIDED CHECK OR SAVING DEPOSIT FORM

This authority is to remain in full force and effect until Tech Source Distributors has received written notification from me of its termination.

Name _____

(Please Print Clearly)

Signature _____ Date _____