



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 \_\_\_\_\_