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ACH Recurring Payment Authorization Form for Term Customers

Schedule your payments to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 7 days prior to the payment being collected.

I understand that this authorization will remain in effect until the designated expiration date or until I cancel it in writing, whichever comes first, and I agree to notify Winco Fireworks Mississippi, LLC dba Central Fireworks in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date.

Note: You must provide notification at least 21 days prior to your due date of any changes to your ACH account information.

Please complete the information below:

I \_\_\_\_\_ with \_\_\_\_\_ authorize Winco Fireworks
(full name) (company)

Mississippi, LLC dba Central Fireworks to charge my bank account indicated below for the account balance on

1/10 and 7/10 for payment of my account in full.
(day or date) ( day or date)

This authority is to remain in full force and effect until Winco Fireworks Mississippi, LLC dba Central Fireworks has received written notification from me (or either of us) of its termination in such time and in such manner as to follow COMPANY and DEPOSITORY a reasonable opportunity to act on it.

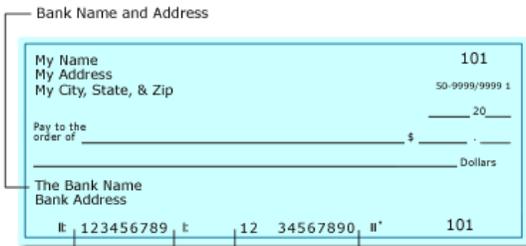
Checking Account OR Savings Account at the depository financial institution ("BANK") named below.

Name(s) on Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing Number (must be 9 digits): [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Account Number: \_\_\_\_\_



VOIDED CHECK MUST ACCOMPANY THIS FORM

Business Name: \_\_\_\_\_ Winco Account Number: \_\_\_\_\_

Signature of Principle 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Principle 2: \_\_\_\_\_ Date: \_\_\_\_\_



*Instructions for Completion of ACH Recurring Payment Authorization Form for Term Customers*

**Rational:** This form provides Winco Fireworks Mississippi, LLC dba Central Fireworks to directly withdraw money from your bank account for the balances owed vs paying by check, credit card or wire transfer. Please follow the instructions below to complete the form. Contact your sales representative if you need additional assistance.

**Checking or Savings Account:** Please check only **ONE** for the type of bank account.

**Bank Name:** This is the name of your bank on the front of your check. Please refer to attached example if needed.

**Routing Number:** This is the nine-digit number on the lower left corner of your check. Please refer to attached example if needed.

**Account Number:** This is the number to the right of your routing number on the bottom of your check. Please refer to attached example if needed.

**Name(s) on Account:** This is the name(s) listed in the upper left-hand corner of your check. Please refer to attached example if needed.

**Date(s) of debit(s):** Dates are based on your approved term dates.

**Business Name:** The name of your business with Winco Fireworks Mississippi, LLC dba Central Fireworks

**Winco Account Number:** The customer or account number associated with Winco Fireworks Mississippi, LLC dba Central Fireworks. If you don't know this, please contact your salesperson.

**Signature(s):** The authorized signature on your bank account. **If your bank requires two signatures for your check, BOTH parties need to sign this form.**

**Date:** The date you signed the form.