



1524 Jackson Street Anderson, IN 46016  
Phone: 317-546-8522  
www.wincofireworks.com

### ACH Perpetual Payment Authorization Form

Direct Payment via ACH is the transfer of funds from a business or customer account for the purpose of making a payment.

I/We hereby authorize **Winco Fireworks International, LLC dba Winco of Indiana** ("COMPANY") to electronically debit my/our account (and if necessary, to electronically credit my/our account to correct erroneous debits<sup>1</sup>). This authority will remain in effect until Winco Fireworks International is notified by me (us) in writing to cancel it in such time as to afford Winco Fireworks International, LLC dba Winco of Indiana and The Financial Institution a reasonable opportunity to act on it. I will provide at last seven (7) days prior notice<sup>2</sup>.

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

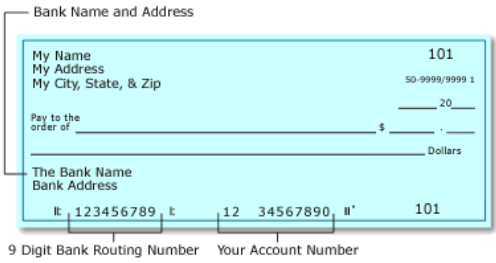
I/We agree that ACH transactions I/we authorize comply with all applicable laws.

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

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

Routing Number (must be 9 digits):

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



**VOIDED CHECK MUST ACCOMPANY FORM**

Amount of debit(s) will be determined by the total of the current invoices. I/We will provide authorization for debit verbally or in writing to Winco Fireworks International, LLC.

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

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

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

<sup>1</sup> The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors.

<sup>2</sup> Written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The references to notification should be filled with a statement of the time and manner that notification must be given in order to provide company a reasonable opportunity to act on it (e.g., "In writing by mail to 100 Main Street, Anytown, NY that is received at least three (3) days prior to the proposed effective date of the termination of authorization").



*Instructions for Completion of ACH Perpetual Payment Authorization Form for Non-Term Customers*

**Rational:** This form provides Winco Fireworks International, LLC dba Winco of Indiana 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.

**Amount of Debit(s):**  
Amount of debit(s) will be determined by the total of the current invoices.

**Date(s) of debit(s):**  
Date of debit will be approved by customer either verbally or in writing to Winco Fireworks International, LLC dba Winco of Indiana.

**Business Name:** The name of your business with Winco Fireworks International, LLC dba Winco of Indiana.

**Winco Account Number:** The customer or account number associated with Winco Fireworks International, LLC dba Winco of Indiana. 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 must sign this form.**

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