



ACH AUTHORIZATION AGREEMENT

Action (select ONE):		
Add _____ <small>(New automatic setup)</small>	Change _____ <small>(Update financial institution &/or Account #)</small>	Delete _____ <small>(Terminate ACH enrollment)</small>
Frequency (select ONE):		
With each transaction: _____	Weekly: _____ <small>(Transaction to occur every Friday, or the following business day if such date is not a bank-observed business day)</small>	Monthly: _____ <small>(Transaction to occur the 15th of the month, or the following business day if such date is not a bank-observed business day)</small>
Transaction Amount (select ONE):		
\$10 _____	\$100 _____	\$1000 _____
\$25 _____	\$250 _____	Other amount: \$ _____
\$50 _____	\$500 _____	Account Balance: _____

*Applicable discounts **will** be given

Note: Due to time required for Company & bank processing, please allow one or two weeks for processing. Please continue making your regular payments until the change can be processed.

I (we) authorize TAZCO SOIL SERVICE CO. DBA EARLYBIRD FEED & FERTILIZER and/or EARLYBIRD NUTRITION, LLC., hereinafter called **Company**, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and depository financial institution indicated below, hereinafter called **Depository**, to debit and/or credit the same to such account.

DEPOSITORY FINANCIAL INSTITUTION		BRANCH
CITY	STATE	ZIP

TRANSIT ROUTING NUMBER	ACCOUNT NUMBER																																								
<table border="1" style="width:100%; height:20px; border-collapse: collapse;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>																					<table border="1" style="width:100%; height:20px; border-collapse: collapse;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>																				
___ Checking Account	___ Savings Account																																								

This authority is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Company and Depository an ample opportunity to act on it.

Please attach a voided check for account validation.

Name(s) – PLEASE PRINT LEGIBLY		Tax ID Number (If applicable)		
Address	City/State		Zip	
Signed		Date		
Signed		Date		

This form is to be retained by the originator and retained in the payee or payor file as a matter of record. Per NACHA rules, this form MUST be maintained on file for two years after the authorization has been rescinded.

Please contact TAZCO SOIL SERVICE CO. DBA EARLYBIRD FEED & FERTILIZER OR EARLYBIRD NUTRITION, LLC if you have any questions regarding this form.