



all things dairy...delivered

Direct Debit Authorization Form

All information on this form is required unless otherwise noted.

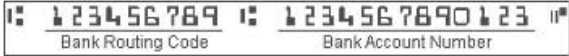
Business Authorized to Debit/Credit Account:

emilkman.com	425-806-0078
Authorized Business Name	Authorized Business Phone Number
23711 57 th Ave. SE	Woodinville WA 98072
Authorized Business Address	City ST Zip

Account Holder Information:

Account Holder Name	Account Holder DBA Name (If Business Account)	Account Holder Phone
Account Holder Address	City	ST Zip

Account Holder's Bank Information:

Account Holder's Bank Name	Branch City	ST	Zip
How to find your Routing and Account Numbers on a check:		<input type="checkbox"/> Business Checking <input type="checkbox"/> Personal Checking <input type="checkbox"/> Savings	
			
Bank Routing Number (9 digits)	Bank Account Number		

Transaction Information:

Delivery of Dairy products	
Goods Purchased/Services Rendered	
<input type="checkbox"/> One-time <input checked="" type="checkbox"/> Recurring Rate _____ No. of Transactions _____ or Open Ended <input checked="" type="checkbox"/>	
\$ Based on delivery	
Amount of Transaction	Effective Date

Authorization:

In exchange for products and/or services listed above the undersigned hereby authorizes:

to electronically draft via the Automated Clearing House system the amounts indicated above from the account identified above. This authority will continue until withdrawn in writing by the undersigned account holder. The Undersigned hereby certifies that they are duly authorized to execute this form on behalf of the above listed account holder. I acknowledge that I am subject to a \$25 reject fee if items are returned for insufficient funds.

_____ Signature of Account Holder	_____ Name/Title of Account Holder	_____ Date
--------------------------------------	---------------------------------------	---------------