



VENDOR AUTHORIZATION

VENDOR ID: _____

VENDOR NAME: _____

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DEPOSITS

COMPANY: Dent Zone Companies, Inc.

I (We) hereby authorize Dent Zone Companies, Inc., hereinafter called COMPANY, to initiate credit entries and if necessary, debit entries and adjustments for any credit entries in error to my (our)
 checking Savings account (select one) in the bank named below to credit and/or debit the same such account.

BANK NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ BANK ACCOUNT NO. _____

NAME ON BANK ACCOUNT _____

This agreement is to remain in effect until COMPANY has received written notification from us of its termination in such time to afford COMPANY and bank a reasonable opportunity to act on it.

I understand that ACH's will be received on the 16th and 1st day of the month for payments due on the 15th and last day of the month. If these dates fall on a Saturday, Sunday or bank holiday, payments will be received on the next business day.

NAME _____ SS NUMBER _____

DATE _____ SIGNED _____

E-MAIL ADDRESS _____

****Please note that a bank pre-note will be submitted first to verify account accuracy.****

Attach voided check here