



P.O. Box 6008 Middletown, RI 02842 Phone: 401-846-5133 Fax: 401-849-9521

Authorization Agreement for Automated Deposits/Withdrawals

I/We hereby authorize _____ to initiate credit/debit entries to my/our Checking or Savings account indicated at the Financial Institution named below.

Financial Institution: _____

Street Address: _____

City, State Zip: _____

Routing/ABA # Account Number: _____

Company Account:

Personal Account:

This authorization is to remain in full force and effective until Toppa's Foodservice & Paper Supply, LLC has received written notification from me of its termination in such time and in such manner as to afford Toppa's Foodservice & Paper Supply, LLC and its Financial Institution a reasonable opportunity to act on it.

Name / Date: _____

Signature: _____

Email Address: _____

_____ weekly on Fridays or _____ bi-monthly (close to 1st & 15th)