



DIRECT DEBIT AUTHORIZATION AGREEMENT

Company Name _____ Effective Date _____

Mailing Address _____ City _____ State _____ Zip _____

Enter contact info to receive ACH debit draft notices. Check in box preferred method to receive notices, email or fax:

Name _____ Email _____ Fax # _____ Phone # _____

Customer hereby authorizes Jebro Incorporated (Jebro) to initiate ACH debit and credit entries to Customer's deposit account described below, and does further authorize the financial institution described below to debit or credit such entries to the Customer's account.

ABA Number _____

Bank Name _____ Bank Account Number _____

Bank Address _____ Bank Contact _____

City _____ State _____ Zip _____ Bank Contact Telephone Number _____

This authority shall remain in effect until terminated upon fifteen (15) days written notice by either Customer or Jebro. Notice of termination shall in no way affect debit entries initiated prior to actual receipt of notice.

Customer shall receive a draft notice of ACH debit by email or fax three (3) days prior to draft date. To the extent that the above bank has the capacity to receive accounting data relating to the debits or credits being transmitted and to the extent Jebro shall elect such form of transmitting information, Customer authorizes Jebro to make transmissions of such information to the above bank.

Choose ACH debit payment option:

- One half percent (½%) discount on ACH debit invoice payment initiated by Jebro ten (10) days after invoice date
- Net invoice payment via ACH debit initiated by Jebro thirty (30) days after invoice date

All credit terms and other terms and conditions of trade credit otherwise established between Customer and Jebro shall remain in effect.

DATED this _____ day of _____, 20_____

Customer/Authorized Signature _____ Title _____

This Authorization Agreement is established between Customer and Jebro with respect to currently prevailing trade credit terms. Jebro may change the application trade credit terms without notice of the above bank.

ATTACH A VOIDED CHECK OR DEPOSIT SLIP FROM ABOVE ACCOUNT

MAIL THIS COMPLETED FORM TO:
Jebro Incorporated
Attn: Accounting Department
2303 Bridgeport Drive
Sioux City IA 51111
FAX (712)277-8451
Email: acctg@jebro.com

INTERNAL USE ONLY
Customer A/R Number _____
Entered into System ____/____
Entered by _____
Approved by _____