



(308) 382-TOBA (8622) – info@tobafoods.com

Form: Authorization Agreement for Direct Payments (ACH Debits) (Initiate Payments)

Company Name: _____ Federal ID Number or SSN: _____

I (we) hereby authorize TOBA Inc, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to Debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Bank Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Authorized Signer on Account:

Date: _____ Signature: _____

Circle Current Payment Terms:

1. COD and Cash Customers - Draft Day of Delivery
2. Weekly Customer - Draft Monday for previous week
3. Semi Monthly Customer - Draft on the 25th (for Purchases 1-15) and Draft on the 10th (for Purchases 16-31)
4. Monthly Customer - Draft on the 10th (for Purchases 1-31)

NOTE: AUTHORIZATION MAY BE REVOKED AT ANY TIME BY WRITTEN NOTIFICATION TO TOBA Inc..

Attach a Voided Check Here



2-15-18

