



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

- No Cost or deposit
- Eliminate paying with cash, checks, or money orders
- Faster Deliveries
- Quick and easy sign up
- Fax or email notification of each withdrawal

EFT Enrollment Form: All information on this form is required

Customer Name (Company):	<input type="checkbox"/> New EFT Customer <input type="checkbox"/> Updated Bank Account
Mailing Address:	Location Address: <input type="checkbox"/> same as mailing
Company Phone:	Company Federal Tax ID: (always 9 digits)
Primary Contact Name & Phone Number:	

Notifications (choose one) :

Fax: _____ Email: _____

****Please include a copy of a voided check****

Bank Name: _____

Account Number: _____

ABA Transit/Routing Number (always 9 digits): _____

Account Type: Checking Savings

The undersigned on behalf of Company hereby authorizes The Odom Corporation, Odom Stein LLC dba Odom East, LLC, NW Beverages LLC, Coca-Cola Bottling of Alaska, LLC, Coca-Cola Bottling of Hawaii, LLC, Southern Glazer's Wine & Spirits of the Pacific Northwest, LLC (Distributor) and its electronic funds service providers, including authorized bank, to use invoice information to initiate debit/credit entries for irrevocable payment for goods and services rendered by Distributor as designated (including the initiation of adjusting debits/credits for entries made in error or entries requiring reversals due to returned items) and for any other purpose related to the invoice information. All entries shall be made to the Company account shown above. Company agrees to fund the account adequately and guarantees to Distributor that sufficient funds will be available in the account to cover such debits/credits. Company agrees to accept such debits/credits and not to block access to the accounts, without prior written notification. Should account not have sufficient funds, the Company's deliveries will be placed on hold pending collection of the amount due in accordance with WAC 314-13-020 and each rejected transaction will be subject to a \$50 NSF fee.

This authorization is to remain in full force and effect until Company has provided written authorization for its termination at such time and in such manner so as to afford Distributor, its electronic funds service providers and Company's bank a reasonable opportunity to act on it. Company and the undersigned each represent and warrant that they are authorized and empowered to execute this authorization for the purposes specified herein. Company agrees to indemnify and hold Distributor and its electronic funds service providers harmless from any damage, loss or claim resulting from Distributor's authorized actions hereunder.

_____ Primary Authorized Signature (must be a signer on the account shown above)	_____ Secondary Authorized Signature (If needed)
_____ Printed Name	_____ Printed Name
_____ Date	_____ Date

FOR DISTRIBUTOR USE ONLY:

Customer Number: _____

Date Received: _____

SEND COMPLETED FORM AND VOIDED CHECK TO:
 EMAIL electronicpay@odomcorp.com OR FAX 425-468-4775
 Questions?
 Contact the Credit Dept. at
 1-800-767-6366 x1, then x2 or creditlimitreview@odomcorp.com