

MORRISON  
SUPPLY COMPANY

a MORSCO company

*Electronic Funds Transfer  
Authorization Form*

**Section I: Customer Information**

Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section II: Bank Account Information**

ABA/Transit Routing #

Account #

Bank Name: \_\_\_\_\_

**Section III: Authorization Agreement**

- I the undersigned, certify** that I am a signer on the account listed above with the authority to grant this authorization and hereby authorize that Morrison Supply Co or any agents of Morrison Supply Co is authorized to debit the account referenced above via draft (ACH) or other Electronic Funds Transfers (EFT).
- I the undersigned, certify** that the bank referenced above is hereby requested, authorized and directed to honor and treat as authorized, checks, drafts or moneys drawn in my name in accordance with this authorization.
- I the undersigned, certify** that in the event any such draft or EFT is returned unpaid, I agree to have the account referenced below debited electronically or otherwise drafted for an item fee of \$25.00, plus any applicable taxes.
- I the undersigned,  (if checked) authorize** Morrison Supply Co to initiate recurring EFT drafts on the account to pay outstanding balances and obligations as they become due.
- I the undersigned, certify** that this authorization shall remain in effect and the authority herein given to Morrison Supply Co shall remain irrevocable until Morrison Supply Co receives written notice of revocation of such authority. Revocation shall not affect any action taken prior to receipt of such notice.

Authorized Signature: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

Customer #: \_\_\_\_\_

Receipt Address/Email/Fax: \_\_\_\_\_

*Return via Email to your Morrison Credit Associate or via fax to (817) 338-1612*