

**AUTHORIZATION AGREEMENT  
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize Pepsi Cola Bottling Co of Marysville Inc, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter call FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Branch Name

\_\_\_\_\_  
Address City, State Zip

\_\_\_\_\_  
Routing Number – 9 digits Account Number  Checking  Savings  
Mark one

Frequency: WEEKLY Date to begin: \_\_\_\_\_ Amount: VARIABLE

This authority 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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
Primary AR Contact Name

\_\_\_\_\_  
Secondary AR Contact Name

\_\_\_\_\_  
Primary Contact email

\_\_\_\_\_  
Secondary Contact email

\_\_\_\_\_  
Primary Contact phone

\_\_\_\_\_  
Secondary Contact phone

\_\_\_\_\_  
Signature of Authorized Account Holder

\_\_\_\_\_  
Signature of Authorized Account Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**For Office Use only:**

\_\_\_\_\_  
Acct Number Acct Name

\_\_\_\_\_  
Acct Number Acct Name

