



AUTHORIZATION AGREEMENT FOR EFT/ACH /CREDIT CARD PAYMENTS

Customer Account Name or Names: _____

Confirmation Email Address: _____

Recurring Payment for Regular Deliveries

I _____ (Authorized Person's Name) hereby authorize Ketchikan Soda Works to charge my [] Bank account [] Credit Card (a 2% fee will be applied to credit card charges) listed below for the balance on my account based on the selection below:

- ☐ **Per Delivery** – Charge my account via ACH/EFT/Credit Card within 24 hours of each delivery.
- ☐ **15 Day Terms** – Charge my account via ACH/EFT/Credit Card when due for my statement balance. (Credit Application Required for new accounts)
- ☐ **Other** _____ (Credit Application Required for new accounts)

If the payment date above falls on a weekend or holiday, I understand that the charge may be made on the following business day. This authorization will remain in effect until I notify the Merchant in writing to cancel it at least 15 days prior to the next billing date.

PAYMENT INFORMATION

Bank Name _____ Branch _____ City _____ State ____ Zip _____

Transit/ABA # _____ Account # _____

NOTE: Please contact us directly if you would like to use a credit card (Contact info listed below)

2% fee will be applied to credit card charges

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

NAME _____ DATE _____

SIGNATURE _____ Phone # _____

Please return signed form to KSWs Accounting Department:

PO Box 1726, Yakima WA 98907

Phone: 509-248-1855

cokear@dolsenco.com