



Spectrum Foods Authorization for Automatic Reoccurring Debit from Bank Account

Spectrum Foods has the ability to, with your authorization, automatically debit funds from your company's bank account to pay for invoices. Please fill out this form completely to allow us to receive payments from you in this method.

You are authorizing Spectrum Foods to schedule and process charges to pay for items purchased for your company. You agree that no prior notification will be needed to process the charges. A notification for each payment will be provided to you, via email, once the debits from your account are scheduled. In some instances, the debits will be processed before receipt of goods occurs, and before any returns from the delivery are processed. Returns will be credited to your account and applied to subsequent payments. No money will be refunded for returns. The charges will appear on your bank statement as a "Withdrawal from SPECTRUM FOODS."

I, _____ (Name of Individual), authorize Spectrum Foods, Inc., located at 3388 Pennsy Drive, Landover, MD 20785, to charge my bank account for goods and services purchased from Spectrum Foods for my business, _____ (Name of Business) of _____ (City & State). Furthermore, I certify that I am the authorized agent for my business and that I have the authority to enter my business into Spectrum Foods' automatic ACH debiting service. These charges will be processed upon the agreed upon terms of credit set forth for my business' account with Spectrum Foods.

Billing Information

Billing Address: _____

Phone #: _____

City, State, Zip: _____

Email: _____

Bank Details

Account Name: _____

Account Number: _____

Bank Name: _____

ACH Routing Number (RTN): _____

***Please place a voided check here from the account you wish us to debit from.
(This check should correspond to the account information provided above.)***

I understand that this authorization will remain in effect, and Spectrum Foods may debit my account as needed, using the agreed upon terms of credit for my business' purchases, until I notify Spectrum Foods in writing to stop. All requests to stop debiting via automated ACH must be submitted to Spectrum Foods by myself or another authorized representative of my business and must be submitted via certified first-class USPS mail sent to "Spectrum Foods, Attention: Accounting Department, 3388 Pennsy Drive, Landover, MD 20785," emailing customerpayments@spectrumfoodsinc.com, or via fax sent to (301)322-8005. Furthermore, I agree that any fees incurred related to payments, or lack thereof, for my account, such as but not limited to rush wire services, not sufficient funds (NSF), return to maker (RTM), attorney related collection fees, etc. will be applied to my credit total with Spectrum Foods and may be also debited from my account via this method. Bank account updates must be submitted at least two days prior to receipt of goods for COD and 3 (three) day term accounts. Customers with terms greater than those must submit bank account updates by the preceding Friday at 12:00PM EST, of the anticipated withdrawal date.

Printed Name: _____

Signature: _____

Title: _____

Date: _____