PRAIRIE BONES · WHOLESALE

ACH Debit Authorization

Prairie Bones LLC
Medicine Lodge, Kansas
prairiebones.us

For wholesale accounts on **Net-30 terms**. Fill in every box, sign at the bottom, and attach a voided check. Give it to your Prairie Bones rep, or ask us for a secure way to send it. Please don't email bank numbers.

1. Your business

BUSINESS LEGAL NAME

DOING BUSINESS AS (IF DIFFERENT)

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP)

CONTACT NAME

PHONE

EMAIL FOR INVOICES AND PAYMENT NOTICES

2. Bank account to debit BUSINESS ACCOUNT

BANK NAME

NAME ON THE ACCOUNT

ROUTING NUMBER (9 DIGITS)

☐☐☐☐☐☐☐☐☐

ACCOUNT NUMBER

ACCOUNT TYPE

☐ Checking ☐ Savings

ATTACHED

☐ Voided check ☐ Bank letter

3. Authorization

I authorize **Prairie Bones LLC** ("Prairie Bones"), directly or through its payment processor (such as Intuit QuickBooks Payments or Square), to make ACH debits from the bank account above, and I authorize my bank to post them. Specifically:

1. **What is debited:** the amount of each wholesale invoice I owe under the Prairie Bones Wholesale Account Agreement, plus any returned-payment fees or late fees that Agreement allows.
2. **When:** on or after each invoice's due date, which is 30 days after the invoice date. The amount and due date of every invoice are sent to me and shown in my wholesale account.
3. **If a debit is returned** (for example, not enough funds), Prairie Bones may present it again up to two more times.
4. **How long:** this authorization stays in effect until Prairie Bones receives my written notice to cancel at least 3 business days before a debit. Cancelling does not cancel amounts I already owe.
5. I am an owner or authorized signer on this account, and this is a business account. These are business-to-business (CCD) debits.

4. Signature

SIGNATURE

PRINTED NAME

TITLE

DATE

Prairie Bones office use

RECEIVED BY

DATE RECEIVED

ON FILE IN PB WHOLESALE

BANK ADDED IN QUICKBOOKS