

ACCOUNT # _____

ROMANELLI & SON, INC.
AUTOMATIC PAYMENT AUTHORIZATION AGREEMENT
(ACH DEBITS)

I (we) hereby authorize Romanelli & Son, Inc. to initiate debit entries to my (our) Checking or Savings account indicated below and the financial institution (depository) named below to debit the same to such account.

I (we) understand that payment will be drawn from the bank account specified on or about the 10th of every month for Budget or Installment payments or within 10 days after delivery or service or any other miscellaneous charge for non-budget accounts. I will notify Romanelli & Son, Inc. in writing if I change banks or account numbers.

This authority is to remain in full force and effect until Romanelli & Son, Inc. has received written notification of its termination in such time and manner as to afford Romanelli & Son, Inc. and your financial institution a reasonable opportunity to act on it.

I (we) understand that if at any time I (we) decide to discontinue the automatic payment option (ACH), I (we) must notify Romanelli & Son, Inc. in writing.

Bank Account Information

Name as it appears on Bank Statement (Print) _____

Bank Name & Address _____

CHECKING OR SAVINGS (circle one)

Bank Routing Number _____

Bank Account Number _____

Signature of Bank Account Holder _____ Date _____