NORTHWEST NUTRITION SERVICE, INC.
P. O. Box 68365, Milwaukie, Oregon 97268
(503) 653-7626/FAX (503) 653-1484

Authorization Agreement for Automatic Deposits (Credits)

Return the completed form to: N.W. Nutrition Service, P. O. Box 68365, Milwaukie, Oregon 97268. You *must* include a voided check (NOT a deposit slip). If your deposit is to a savings account, attach a copy of a statement that has your savings account number on the statement.

I (we) hereby authorize N.W. Nutrition Service, hereinafter call COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) **(check one) Checking account**☐**, Savings account**☐ indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository Name: _____(Name of bank or institution)

Branch: _____

Address: _____(Address of bank or institution)

City:_____ State: _____ Zip: _____

Transit/ABA No:_____(These are generally the first set of numbers)

Account number: _____ (Actual account number)

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

NAME:_____ (please print as it appears on the account)

NAME:_____ (please print as it appears on the account)

SIGNED:_____ (signature of primary account holder)

SIGNED: _____ (signature of additional account holder)

DATE: _____

An incomplete form will be returned unprocessed.

If you would like to be notified of the date of deposit, include your email address here.

DO NOT WRITE BELOW THIS LINE

Received_____Complete_____Incomplete_____

"This institution is an equal opportunity provider"