

**DEBIT AUTHORIZATION**



I (we) hereby authorize North Central hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for (CPC Animal Health). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Branch \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Amount (or how amount is determined): Monthly Bill Will Determine Amount

Frequency (Weekly, Monthly etc.): \_\_\_\_\_ Start Date (if recurring): \_\_\_\_\_

Date of Debit (s): Monthly Bill Will Determine Date

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

(Note: For varying amounts the company must send, based on the NACHA Operating Rules, written notification of the amount and the date on or after which the transfer will be debited at least ten calendar days in advance of the debit. If the date varies, the Rules state that the Originator must send the Receiver notification of new date at least seven calendar days in advance of the debit.)

This authority is to remain in full force and effect until Company has received written or verbal notification from me (or either of us), (all verbal communication must be verified by the last four digits of bank account number and customer account or phone number that is being debited) of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Print or Type Individual Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ NCTC Phone # or NCTC Account # \_\_\_\_\_

Please Attach Copy of Voided Check to This Form

Please mail completed Authorization Form and voided check to:

NCTC  
PO BOX 70  
Lafayette, TN 37083