

***I authorize Owens Distributors Inc. to initiate either an electronic debit or to create and process a demand draft against my bank account on or after [Month / Day / Year] for the amount of [Amount] . I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law. My account information is as follows:***

|  |
| --- |
| ***Bank ABA Number [Customer's Routing Number]*** |
|  |
| ***Bank Account Number [Customer's Account Number]*** |
| ***Bank Account Type: [Checking / Savings / Business Checking]*** |
| ***[Customer Signature]*** |
| ***[Customer Printed Name]*** |
|  |
| ***[Date Signed]*** |