



P. O. Box 410149, Charlotte, NC 28241

Toll Free: 1-800-334-1207

## Automatic Funds Transfer Authorization Agreement

This authorization agreement gives the issuer the ability to fax or email approval for funds to be transferred by United Supply Company from the financial institution designated below as payment for work order(s) and/or invoice(s). Once this agreement is signed and received by United Supply Company, approval for payment documenting the specific work order(s) and/or invoice(s) may be faxed to 704-587-4272 or emailed to fundtrans@unitedsupplyco.com.

Privacy and security is of utmost importance to United Supply Company. **Registration for this program must be mailed to United Supply Company, P.O. Box 410149, Charlotte, NC 28241, Attention: Credit Department.** Documents will be processed by authorized United Supply Company employees.

I hereby authorize United Supply Company, to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my Checking or Savings account indicated below and the financial institution named below to credit (or debit) the same to such account.

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM.**

Financial Institution Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Transit / Routing #: \_\_\_\_\_  Checking  Savings

Financial Institution Account #: \_\_\_\_\_

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to give my financial institution a written notice identifying the entry, stating that it is in error, and requesting credit back to my account. I will provide this written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever occurs first.

Authorized Person: \_\_\_\_\_

Business Name: \_\_\_\_\_ USC Account #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Atlanta	Charlotte	Chicago	Nashville	Pittsburgh	Raleigh
5121 Buford Highway, Ste A Norcross, GA 30071 770-582-0350	10701 Texland Blvd. Charlotte, NC 28273 704-588-3310	1105 Stevenson Court, Ste 102E Roselle, IL 60172 630-307-6408	620 Old Ezell Road Nashville, TN 37217 615-360-6677	319 Commerce Park Dr. Cranberry Township, PA 16066 724-741-2150	3816-106 Tarheel Dr. Raleigh, NC 27609 919-877-0900

