



17000 Foltz Industrial Pkwy  
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Toll Free: 866-298-0433



**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)  
AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWALS (ACH DEBITS)**

Owner Operator Name \_\_\_\_\_

Owner Operator Company Name \_\_\_\_\_

Location Number(s) - please list ALL O/O locations \_\_\_\_\_

I (we) hereby authorize SolarX Eyewear, to initiate credit entries and if necessary debit entries including adjustments for credit entries that were made in error, to my (select one) \_\_\_\_\_ Checking \_\_\_\_\_ Savings account indicated below, and the depository financial institution named below, hereinafter called DEPOSITORY, to credit and / or debit the same to such account.

DEPOSITORY ACCOUNT NAME (Name to which account is under): \_\_\_\_\_

BANK NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRANSIT/ABA NO: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from principal owner of account, of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY institution a reasonable opportunity to act upon request.

NAME \_\_\_\_\_ TAX ID NUMBER \_\_\_\_\_  
(PLEASE PRINT)

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED X \_\_\_\_\_

**\*\*\*\*\* ATTACH A VOIDED CHECK\*\*\*\*\***