

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

- 1) **I, the undersigned, certify** that I am a signer on the account listed below with the authority to grant this authorization.
- 2) **I, the undersigned, certify** that **MERRITT VETERINARY SUPPLIES** or **any agents of MERRITT VETERINARY SUPPLIES** is authorized to debit the account referenced below via draft (ACH) or other Electronic Funds Transfers (EFT).
- 3) **I, the undersigned, certify** that the bank referenced below is hereby requested, authorized and directed to honor and treat as authorized, checks, drafts or moneys drawn in my name in accordance with this authorization.
- 4) **I, the undersigned, certify** that in the event any such draft or EFT is returned unpaid, I agree to have the account referenced below debited electronically or otherwise drafted for an item **fee of \$30.00, plus any applicable taxes.**
- 5) **I, the undersigned, [ ]** (if checked) **authorize MERRITT VETERINARY SUPPLIES** to initiate recurring EFT drafts on the account to pay outstanding balances and obligations as they become due.
- 6) **I, the undersigned, certify** that this authorization shall remain in effect and the authority herein given to **MERRITT VETERINARY SUPPLIES** shall remain irrevocable until **MERRITT VETERINARY SUPPLIES** receives written notice of revocation of such authority. Revocation shall not affect any action taken prior to receipt of such notice.

Business Name: \_\_\_\_\_ Account: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank Name: \_\_\_\_\_

ABA/Transit Routing #: \_\_\_\_\_ Account: \_\_\_\_\_

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

Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_

SEND FORM TO  
ACCOUNTING:

Merritt Veterinary Supplies, Inc.  
1520 Pineview Road  
Columbia, SC 29209

Phone: 803.695.1698  
Fax: 803.695.6909  
Email: [accounting@merrittvet.com](mailto:accounting@merrittvet.com)

