

Authorization Agreement for
ACH/EFT

Company Name

I (we) hereby authorize, Colony Foods, Inc. to debit entries to my (our) account indicated below and the financial institution names below, to debit the same to such account.

(Bank Name)

(Branch)

(Address)

(City/State)

(Zip)

(Routing Number)

(Account Number)

Type of Account: _____ Checking _____ Savings

**Must submit a copy or photo of voided check*

(Print Individual Name)

(Signature)

(Date)

Authorization Agreement for
Visa, Mastercard, Discover, or American Express

I (we) hereby authorize, Colony Foods, Inc. to debit entries to my card account number below, hereinafter as automatically necessary to satisfy credit terms or as needed. The authority is to remain in full force and effect until Colony Foods, Inc. has received written notification from me (or either of us) of its termination in such time and manner as to offer Company and Financial Institution a reasonable opportunity to act on it.
All payments will include a convenience fee of 3%.

Company Name: _____

Name on Card: _____

Email: _____

Card #: _____ Exp. date: _____ CVV#: _____

Billing Zip code of the card: _____

(Print Individual Name)

(Signature) _____
(Date)

Only one active account on file at any given time and can only be changed due to account closures or bank changes. If the system appears to me manipulated, future changes will require documentation.