



WILLOW RUN FOODS

Incorporated

AUTOMATIC DRAFT AUTHORIZATION FORM

Financial Institution Information:

Type : Checking or Savings (Please circle one.)

Routing # : _____ Account # : _____

Financial Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Representative Name: _____

Telephone Number: () - _____

I hereby authorize agents of Willow Run Foods, Inc. to initiate ACH Debit entries to the financial institution account indicated above, for payment of invoices for deliveries made by Willow Run Foods, Inc. using Electronic Funds Transfer (EFT). I further authorize the financial institution named above to debit such entries to the financial institution account indicated above. This authorization is to remain in full force and effect until the designated agents of Willow Run Foods, Inc. have received written notification by certified mail from me of termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Signed By: _____ Dated: _____

Printed Name: _____ Title: _____

Company Name: _____

I hereby authorize my contact person listed on the Willow Run Foods, Inc. completed credit application signed by me and a representative of the financial institution involved in the processing of my Electronic Funds Transfer (EFT) payment to receive confidential information necessary to effect enrollment in EFT and answer inquires and resolve issues related to enrollment and payments. This information includes but is not limited to payment instructions, taxpayer name and identifying number and payment transaction details. This authorization is to remain in full force and effect until the designated agents of Willow Run Foods, Inc. have received written notification by certified mail from me of termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Signed By: _____ Dated: _____

Printed Name: _____ Title: _____