

ACADIA WHOLESALE & TOBACCO CO. INC.
P.O. BOX 189
CHURCH POINT, LA 70525

AUTHORIZATION FOR DIRECT PAYMENTS (ACH DEBITS)

Full Corporate Legal Name _____ ("Customer")

Customer's Federal Tax ID#: _____

The customer hereby authorizes Acadia Wholesale & Tobacco Co., Inc. d.b.a. Church Point Wholesale to debit/credit its checking account with the financial institution named below. The debits will differ week to week (or as otherwise set forth in the applicable agreement between Acadia Wholesale & Tobacco Co., Inc. d.b.a. Church Point Wholesale and customer) and are based on sales and related charges.

If an entry is erroneously initiated by Acadia Wholesale & Tobacco Co., Inc. d.b.a. Church Point Wholesale to the Customer's account, the Customer has the right to have the amount of the entry credited to the Customer's account. However, the Customer must give the financial institution and Acadia Wholesale & Tobacco Co., Inc. d.b.a. Church Point Wholesale written notice within thirty (30) days after the debit is taken explaining fully why the entry was in error. If Acadia Wholesale & Tobacco Co., Inc. d.b.a. Church Point Wholesale does not receive such written notice within the thirty (30) day period, Customer waives its rights to credit.

Financial Institution Information:

Name: _____

Branch: _____

Address: _____

City: _____ State: _____ Zip: _____

Routing Number (ABA#): _____

Account Number: _____

This authorization is to remain in full force and effort until Acadia Wholesale & Tobacco Co., Inc. d.b.a. Church Point Wholesale receives written notification from the Customer of its termination in such time and in such manner as to afford Acadia Wholesale & Tobacco Co., Inc. d.b.a. Church Point Wholesale and the financial institution a reasonable opportunity to act on it, but in any event no fewer than thirty (30) days.

ACCEPTED AND AGREED TO BY:

Acadia Wholesale & Tobacco Co., d.b.a.
Church Point Wholesale

Customer's Full Corporate Legal Name:

By: _____
Printed Name: _____
Title: _____
Date: _____

By: _____
Printed Name: _____
Title: _____
Date: _____