

579 South Econ Circle, Oviedo, FL 32765 • 1-888-3NUTREX • Fax 407-971-1459 • Nutrex.com • info@nutrex.com

Authorization Agreement for Direct Payments (Bank Wire Credits)
Company Name:
I (we) hereby authorize, hereinafter called COMPANY, to initiate credit entries to my (our) account at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of Bank Wire Transactions to my (our) account must comply with the provisions of U.S. law.
Start Date: Account Type: □Checking □Savings
Payment Frequency: □Recurring □Single
Depository Name:
Name on Account:
Address:
SWIFT or BIC Code:
Account Number:
Routing Number:
Set Amount:or Maximum Amount:
Signature Date
I (we) understand that this authorization is to remain in full force and effect until I (we) notify COMPANY, in writing, that I (we) wish to revoke this authorization. I (we) understand that

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

COMPANY requires least [____days] prior notice in order to cancel this authorization.