



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

PART I: REASON FOR SUBMISSION

New Enrollment

Cancellation

Future payments will be made via check

Change Existing Enrollment

PART II: ACCOUNT HOLDER INFORMATION

Legal Business Name *(if you are an individual provide first name, middle initial, last name and suffix)*

DBA Name *(if different from Legal Business Name above)*

Street Address

City

State

Zip Code

Tax Identification Number (TIN)

Contact Person's Name

Contact Person's Title

Contact Person's Telephone Number

Contact Person's Email Address

PART III: FINANCIAL INSTITUTION INFORMATION

Financial Institution Name

Account Name *(should match the name printed on your bank account statements)*

Is this a checking account?

Yes No

Financial Institution Routing Number

Account Number

Provide a voided check along with this form. If a voided check is unavailable, provide a document from your bank showing 1) the name on the account, 2) routing number, 3) account number and 4) account type.



PART IV: REMITTANCE ADVICE INFORMATION

We will send a remittance advice email detailing what invoices are paid with each EFT payment.

Remittance advice recipient email address:

PART V: AUTHORIZATION

I hereby authorize Variety Wholesalers, Inc. or its subsidiaries ("Variety Wholesalers") to initiate credit entries and to initiate adjustments for any duplicate or erroneous entries made in error to the account indicated above. This authorization will remain in full effect until Variety Wholesalers receives written notification of its termination and in such manner as to afford Variety Wholesalers reasonable opportunity to act upon the termination notice.

I am a duly authorized representative of the account holder entity. All information included with this authorization form is accurate. I understand incomplete or inaccurate authorization forms will not be processed by Variety Wholesalers.

Authorized Official Name (*Print*)

Authorized Official Telephone Number

Authorized Official Title

Authorized Official Email Address

Authorized Official Signature

Date

Provide a voided check along with this form. If a voided check is unavailable, provide a document from your bank showing 1) the name on the account, 2) routing number, 3) account number and 4) account type.

Return the completed form along with voided check to:

Email:

Postal mail:

finance@vwstores.com

Variety Wholesalers, Inc.
Attn: Controller
PO Drawer 947
Henderson, NC 27536

If you have questions, please call (252) 430-2370 or email finance@vwstores.com.