



ORION
W H O L E S A L E

ACH DEBIT AUTHORIZATION

I (we) hereby authorize Orion Wholesale, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for (Application).

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of the U.S. Law.

_____ (Financial Institution Name) _____ (Branch)

_____ (Address) _____ (City/State) _____ (ZIP)

_____ (Routing Number) _____ (Account Number)

Type of Acct:

_Checking _Savings

_____ (FFL Name)

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I UNDERSTAND THAT ALL RETURNED ACH PAYMENTS ARE SUBJECT TO A \$30.00 NSF FEE

_____ (Printed Name) _____ (Signature) _____ (Date)

PLEASE ATTACH A VOIDED CHECK TO THIS FORM AND EMAIL THE COMPLETED AUTHORIZATION FORM TO orionar@orionwholesaleonline.com

The content of this email is confidential and intended for the recipient specified in message only. It's strictly forbidden to share any part of this message with any third party, without written consent of the sender. If you received this message by mistake, please reply to this message and follow with its deletion, so that we can ensure such mistake does not occur in the future. **If you are a NET30 account, a valid ACH must be on file. You agree for Orion Wholesale to debit your account upon the due date of each invoice without notification.**