

## Tire Solutions ACH Authorization Form

Tire Solutions, Inc. sells goods and/or services to \_\_\_\_\_ and/or one or more of its wholly-owned subsidiaries.

\_\_\_\_\_ desires the flexibility to make payments for such goods and/or services electronically through the ACH Network. Tire Solutions, Inc. agrees to grant such flexibility.

Therefore, \_\_\_\_\_ hereby (1) authorizes Tire Solutions, Inc. to make payments for goods and/or services by ACH, (2) certifies that it has selected the following depository financial institution, and (3) directs that all such payments be made as provided below:

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Routing Transit Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Payment Format: CCD

\_\_\_\_\_ Contact: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

\_\_\_\_\_ acknowledges and agrees to the terms and conditions of all agreements with Tire Solutions, Inc. concerning the method and timing of payments for goods and/or services shall be amended as provided herein.

\_\_\_\_\_ will give thirty (30) days advanced, written notice to Tire Solutions, Inc. of any changes in depository financial institution or other payment instructions.

When properly executed, the Authorization will become effective immediately after its receipt by \_\_\_\_\_.

Name of Company: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

By [Printed Name] \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_