



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

By completing this form, you give Roberts Quality Printing, Inc. permission to charge the Checking/Savings account listed below on or after the indicated date. This permission is for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account unless you elect to have this information saved on file for future authorized charges.

Please print or type. Complete in blue or black ink only, if printed.

New EFT Account

Update Existing EFT Account on file

Electronic Funds Transfer (EFT) Contact

Form with fields: Contact Name, Telephone Number, Company name, Email Address, Address (number and street), City, State, Zip Code

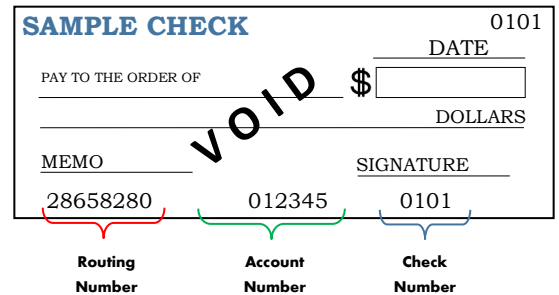
Account Information

Form with fields: Customer ID, Account Contact (if different than the EFT Contact)

Banking Information (A voided check is required for all EFT payments. Please submit a copy when submitting this form for payment)

Checking Savings

Form with fields: Name on Account, Bank Institution Name, Account Number, Routing Number, Account Type, Entry Method



Payment Information

List the Invoice #'s, Quote #'s or Job #'s you are electing to pay :

Enter the amount authorized to be withdrawn: \$ (EFT payments cannot exceed \$10,000 per day per customer)

- Check here if this is a one-time authorization. Your information is not to be saved on file.
Check here if you would like Roberts Quality Inc. to save this information for future authorized charges.

Signature of Authorized Representative: Date:

I understand that because this is an Electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non-Sufficient Funds (NSF), I understand that Roberts Quality Printing, Inc. may, at its discretion, attempt to process the charge again, and I agree to the additional \$40 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute Roberts Quality Printing, Inc.'s billing with my bank so long as the transaction corresponds to the terms indicated in this authorization.