

56 CRABBE ROAD NORTHAMPTON, NB E7N 1R6 TEL: 800 695 8300 FAX: 800 863 7814 JOLLYFARMER.COM

PRODUCTS





ACH is a payment option which allows you to authorize Jolly Farmer to make direct debits from your account for your orders. It may be used on an order-by-order basis or for every order within your preferred date range. It is also available as a valid option for your prepayment or for paying on your charge account.

How it Works?



Authorization applies only for the order specified.

For each order you wish to use ACH, fill in and sign the form on the reverse side of this paper, and return it to us in advance of shipping – no discount available with this option.



Authorization applies for every order within your specified date range.

If you wish to sign up for this option, just fill in and sign the form on the reverse side of this paper, specifying the date range you wish this option to be valid – a 2% discount applies (but not in addition to the prepayment discount or the charge discount).

Jolly Farmer's Responsibility:

- Send priced acknowledgments for each order placed.
- Make sure we have the necessary information and authorization from you before proceeding with the transaction.
- Process all transactions within the week of shipping unless it is a prepayment or payment on a charge account.
- Send a receipt for each transaction.

Customer's Responsibility:

- Make sure authorization is in our hands prior to shipping to avoid delayed shipments.
- Make sure finances are in place to avoid failed transactions, fees, loss of discounts, and / or loss of privilege to be in the program.
- Communicate by Thursday the week before shipping if payment arrangements need to be changed.
- Send written notification at least 10 days prior to shipping if the need arises to terminate your authorization.

ACH AUTHORIZATION FORM



(Payor's Pre-Authorized Debit (PAD) Agreement

Compan	y Name:	Contact Number:						
Street A	ldress:	City, Province:		Postal Code:				
	Attach copy of voided check OR Fill in bank information to the right	Bank Account Deposit Account Num Branch Transit Number Financial Instit Name: Branch Address: Name on Account	nber:	ation	Financ	cial Inst	itution I	Numbe
	unt Type: (must fill in) Chequing Acc	ount Savings Account	Ple	ease Prir	nt Namo	e.		
You, the P These ser We will co You, the P	Authorized Debit (PAD) Details Payor, authorize Jolly Farmer Products Inc. to debit the bryices are for (check one) Personal Busin Desired Personal Purchased Payor, may revoke your authorization at any time in writing to payment.	ness Use n for the amount of debit.		te:				
Please Choose Your Option			Sig	Signature of Account Holder:				
Option 1	' _ I							
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