

ACH Vendor Payment Authorization Agreement

I hereby authorize GMI Companies Inc. (GMI) to initiate credit/debit entries to my (our) account indicated below at the depository financial institution named below. I acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and the rules as set forth by the National Automated Clearing House Association (NACHA). Pursuant to the NACHA rules, GMI may initiate a reversing entry to recall a duplicate or erroneous entry which they previously initiated.

This authorization shall remain in full force and effect until GMI has received written notification from me, or an authorized company representative. I understand that GMI requires at least 10 days prior written notice in order to cancel this authorization.

Account Information

Select One: Checking Account Savings Account

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Name(s) on the Account: _____

Vendor Information and Signature

Vendor Name: _____

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Vendor email (for remittances): _____

Email completed form to: ap@gmicompanies.com