

Euclid Beverage

Electronic Payment Program



Check here for a 30 Day Free Trial of Fintech's Complete OneSource® Solution

No Cost Distributor EFT Program

- Eliminates paying with cash, checks or money orders
- Faster Deliveries
- Quick and easy sign-up
- Available for customers with 1-3 delivery locations only

EFT Enrollment Form: *All information on this form is required*

Customer Name (Company):	<input type="checkbox"/> New Customer <input type="checkbox"/> Updated Bank Account										
Mailing Address:	Location Address <input type="checkbox"/> same as mailing										
Company Phone:	Type: (Restaurant, C-Store, Hotel, etc.)										
Primary Contact Name:	Company Federal Tax ID: (always 9 digits) <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td> </tr> </table>										
Contact Phone:	Contact E-Mail:										

*****Please attach a voided check on a separate page*****

Bank Name:																
Account Number :																
<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td> </tr> </table>																
ABA Transit/Routing Number (always 9 digits)	Account Type: <input type="checkbox"/> Checking															
<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td> </tr> </table>																

The undersigned on behalf of Company hereby authorizes Euclid Beverage and its electronic funds service providers, including authorized banks, to use invoice information to initiate debit/credit entries for irrevocable payment for goods and services rendered by Distributor as designated (including the initiation of adjusting debits/credits for entries made in error or entries requiring reversals due to returned items). The Company further agrees that Distributor and its electronic funds service providers may use the invoice information for any other purpose, including, subject to applicable laws, the distribution of such information. All entries shall be made to the Company account shown above. Company agrees to fund the account adequately and guarantees to Distributor that sufficient funds will be available in the account to cover such debits/credits. Company agrees to accept such debits/credits and not to block access to the accounts. Company agrees that, if it changes its bank account, the EFT provider will debit this new account to effect payments to every Distributor on record.

This authorization is to remain in full force and effect until Company has provided written authorization for its termination at such time and in such manner so as to afford Distributor, its electronic funds service providers and Company's bank a reasonable opportunity to act on it. Company and the undersigned each represent and warrant that they are authorized and empowered to execute this authorization for the purposes specified herein. Company agrees to indemnify and hold Distributor and its electronic funds service providers harmless from any damage, loss or claim resulting from Distributor's authorized actions hereunder.

Primary Authorized Signature (must be a signer on the account shown above)	Secondary Authorized Signature (If Needed)
Printed Name	Printed Name
Date	Date

Insufficient Funds in the account will result in a \$25.00 fee

FOR DISTRIBUTOR USE ONLY
(FTS ID -)

Customer Number: _____

Date Received: _____

<p>RETURN COMPLETED FORM AND VOIDED CHECK TO: Euclid</p> <p>Phone: 630-801-2337</p> <p>Email: ar@euclidbeverage.com</p>
