

**THE DAY & ZIMMERMANN GROUP, INC.
AUTHORIZATION FORM FOR ELECTRONIC FUNDS TRANSFER (ACH)**

Please attach a voided check (no starter checks) or account documentation on bank letterhead to this authorization request and return it to Purchasing@dayzim.com.

All fields are required

SUPPLIER INFORMATION	
Supplier Name:	
Address	
EIN or SSN	
Phone	
Remittance Email Address:	
This authorization is to: (Check appropriate box)	
<input type="checkbox"/> Initial authorization <input type="checkbox"/> Cancel participation <input type="checkbox"/> Change account information	
BANK INFORMATION	
Financial Institution Name:	

Financial Institution Routing Number	

Account Number	

Type of Account (ONLY ONE ACCOUNT IS PERMITTED): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<p>I authorize THE DAY & ZIMMERMANN GROUP, INC. (DZG) to initiate electronic deposits to my account and financial institution designated above. Additionally, I authorize that the designated financial institution can make deposits without responsibility for the correctness of the amounts. I also authorize DZG to initiate, if necessary, debit entries and adjustments for any deposits made in error.</p> <p>I may cancel this authorization at any time by completing this form indicating the action is CANCEL PARTICIPATION and giving it to DZG in sufficient time for them to act on it</p> <p>I have provided DZG with a copy of a voided check or account documentation on bank letterhead solely for the purpose of verifying my account number and financial institution routing numbers.</p>	
_____ Authorizing Signature	_____ Date

4/23/14