



Vanarsdale Innovative Products, Inc.
 P.O. Box 10853
 Pensacola, FL 32524-0853

*****Important update*****

New banking information provided below from VanArsdale's. Please contact accounting if you have any questions or concerns.

Thank you VanArsdale's 1(800) 326-4761 or (850) 476-1078

Authorization Agreement for Automatic Deposits (ACH Credit)

Employer / Company Name: _____

Employer Address _____ **City** _____ **State** _____ **Zip** _____

I (we) authorize the above named Employer/ Company to initiate credit entries to my Bank of America Checking and/or Savings accounts indicated below and to credit the same to such account. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

Note: Funds can be deposited into one account or split between accounts as a set percent or dollar amount.

Account Type	Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/>	State Acct Opened	FL---
Account Number	<u>8981 2250 2944</u>		
ABA Routing Number	<u>063100277</u>		
Deposit Amount	_____ % OR \$ _____ (Flat Amount)		

Account Type	<input checked="" type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/>	State Acct Opened	___ -
Account Number	_____		
ABA Routing Number	_____		
Deposit Amount	_____ % OR \$ _____ (Flat Amount) OR <input checked="" type="checkbox"/> Remaining		

Account Type	<input checked="" type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/>	State Acct Opened	___ -
Account Number	_____		
ABA Routing Number	_____		
Deposit Amount	_____ % OR \$ _____ (Flat Amount) OR <input checked="" type="checkbox"/> Remaining		

If monies to which I am not entitled are deposited to my account, I authorize the Employer/ Company (issuer) to direct the financial institution to return said funds and I authorize the financial institution to act on the Employer/ Company direction and to return said funds. This authority will remain in effect until Employer/ Company has received written notification from me of its termination in such time and in such manner as to afford Employer/ Company and financial institution a reasonable opportunity to act on it.

VANARSDALE INNOVATIVE PRODUCTS

Name _____

4660 VOYAGER DR _____ PENSACOLA FL 32514-6744

Address _____ City/State/Zip

Mary Barnes, CEO _____ 12/04/2023 850-476-1078
 Signature (required) **Date** Telephone Number

NOTE: Written credit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.