



AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

REASON FOR SUBMISSION

- New EFT Authorization
- Revision to Current Authorizatoin (e.g. account or depository changes)

PROVIDER INFORMATION

Provider Legal Business Name	PBH Provider ID (Located on your RA)	
Account Holder's Name		
Account Holder's Street Address		
Account Holder's City	Account Holder's State	Account Holder's Zip Code

FINANCIAL INFORMATION

Financial Institution Name		
Financial Institution City	Financial Institution State	
Financial Institution Telephone Number	Financial Institution Contact Person	
Financial Institution Routing Transit Number (nine digit)		
Depositor Account Number	Type of Account (check one)	
	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	

Please attach a voided check and mail to :
 PBH/Finance
 Attention Accounts Payable
 4855 Milestone Avenue
 Kannapolis, NC 28081

AUTHORIZATION

This authorization agreement is effective as of the signature date below and is to remain in full force and effect until PBH has received written notification from me of its termination in such time and such manner as to afford PBH and the Financial Institution a reasonable opportunity to act on it. PBH will continue to send the direct deposit to the Financial Institution indicated above until notified by me that I wish to change the Financial Institution receiving the direct deposit. If my Financial Institution information changes, I agree to submit to PBH a Revised Authorization Agreement for Electronics Funds Transfer form.

SIGNATURE LINE

Authorized Person Name	Authorized Person Telephone Number
Authorized Person Title	Authorized Person Email Address
Authorized Person Signature	Date