

Date _____

Keany Produce Company

Fax: 301-618-5484

AUTHORIZATION FOR AUTOMATIC PAYMENTS

Business Name _____ Customer Number _____

I (we) hereby authorize Keany Produce Company to debit my (our) account at the bank named below:

Bank Name _____

Branch _____

City _____ State _____

Routing Number (lower left corner of check) _____
1 2 3 4 5 6 7 8 9

Account Number (follows routing number—do not include check number)

Name(s) on account _____

This authorization is to be used only by Keany Produce for debits to above account in payment of products purchased by me (us) from Keany Produce.

Authorized by _____ Date _____
(Signature) (Print Name)

Authorized by _____ Date _____
(Signature) (Print Name)