

Please complete the information below.

I authorize Hunger Solutions Minnesota to initiate electronic credit entries to my:

_____ Checking account

for payments of invoices due to us the vendor.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date _____

VENDOR NAME

VENDOR'S FINANCIAL INSTITUTION NAME (PLEASE PRINT)

ACCOUNT NUMBER AT FINANCIAL INSTITUTION

FINANCIAL INSTITUTION ROUTING NUMBER

FINANCIAL INSTITUTION CITY AND STATE

SIGNATURE
