PENN VETERINARY SUPPLY, INC.

AUTHORIZATION AGREEMENT

DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Penn Veterinary Supply, Inc., hereinafter called COMPANY, and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to initiate debit entries to my (our) checking/savings account indicated below.

_____ _____
(Financial Institution Name) (Branch)

_____ _____ _____
(Street Address) (City/State) (Zip Code)

_____ _____ Type of Account: ❑ Checking ❑ Savings
(Routing Number) (Account Number)

_____ _____
(Email address) (Fax number)

This authority is to remain in full force and effect until COMPANY has received written notification from me/us of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I can stop payment of any entry by notifying my FINANCIAL INSTITUTION at least 3 days before my account is to be charged.

_____
(Company Name)

_____
(Account Number)

_____
(Signature / Title)

_____
(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!