

## Automatic Checking Form (EFT)

Store Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

**\*\*\*If the amount of EFT used to pay us is dishonored, refused or returned for any reason, we reserve the right to electronically debit your account in the amount attempted and your account will be charged a \$40.00 fee from Capital Candy Company. If your account becomes past due we reserve the right to electronically debit your account in the amount that is due.**

I authorize Capital Candy Company to use this account.

**Owners**

**Signature:** \_\_\_\_\_

E-mail or Fax number \_\_\_\_\_

**Staple Your**

**Voided Check**

**Here**