

The David J. Joseph Company

Authorization Agreement for Electronic (ACH) Payments

Please print or type all information

The following bank information applies to:

Customer Name _____

Mailing Address _____

City _____ State _____ Zip code _____

Bank Account Information:

I hereby authorize The David J. Joseph Company to initiate electronic payments when necessary to my account* as described below:

Bank Name _____

Address _____

City _____ State _____ Zip code _____

Routing / ABA # _____ Account # _____

* ACH payment option is available only if your remittance account is at a bank chartered in the U.S.

Deposit Notification Information:

For payment details of all funds deposited into the above account, visit www.ScrapConnect.net

Terms:

This authority is to remain in full force and effect until The David J. Joseph Company has received written notification of discontinuation and in such manner as to afford The David J. Joseph Company and Depository a reasonable opportunity to act on it.

Completion and submission of this form does not guarantee immediate update to payment instructions. The David J. Joseph Company requires due diligence procedures around requested updates including but not limited to verbal confirmation.

This changeover to ACH payments will not adversely affect the deposit of your payments from what you are experiencing today with checks. For example, if your present payment terms via check are net 45 days, your payment terms will be net 50 days via ACH. These five additional days are no different than the five days of processing and mail time you experience today with DJJ checks. The exception to this is accounts on any of the *DJJFastPay* programs.

Officer Name (Printed or Typed) _____

Signature _____ Title _____

Phone Number _____ Date _____

Please fax this form back to (513) 419-6228 or email to DJJ.Brk.AddressBook@DJJ.com