



**AUTOMATIC  
PAYMENT  
AUTHORIZATION**

**130 Jersey Street..P.O.Box 729..Quincy, IL 62306-0729....217-222-5000....Fax 217-222-5035**

I/We hereby authorize N. Kohl Grocer Company, Inc., (dba, Kohl Wholesale), hereinafter called "Company," to initiate any ACH credit and/or debit entries and, if necessary, adjust any credit and/or debit entries made in error to my/our (select one or both)  checking or  savings account(s)  indicated below. I/We authorize the bank named below, hereinafter called "Bank," to credit and/or debit the same to such account(s).

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

Branch: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Transit/ABA #: \_\_\_\_\_

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

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

Kohl Account Name: \_\_\_\_\_

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

BY: \_\_\_\_\_

BY: \_\_\_\_\_

(Authorized Signature)

(Authorized Signature)

(Printed Name)

(Printed Name)

(Title)

(Date)

(Title)

(Date)

E-mail address: \_\_\_\_\_

**A written two (2) week notice by mail is required in order to revoke the above ACH authorization and sent U S Mail to the following address: P. O. Box 729, Quincy, IL 62306-0729.**

**Attach voided check here**

For office use only:    Daily    Weekly    Monthly

Terms changed by: \_\_\_\_\_ Bank ACH: \_\_\_\_\_

Added to worksheet: \_\_\_\_\_ Date: \_\_\_\_\_