



**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)

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: _____