



# AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize RJ Matthews Company and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Financial Institution name: \_\_\_\_\_

Branch: \_\_\_\_\_ Phone number: \_\_\_\_\_

Financial Institution address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Customer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Customer name (please print): \_\_\_\_\_ Phone number: \_\_\_\_\_

Customer address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Checking account number: \_\_\_\_\_

Savings account number: \_\_\_\_\_

Financial Institution routing number: \_\_\_\_\_

Customer RJ Matthews account number: \_\_\_\_\_

On \_\_\_\_\_ (date) I authorized

RJ Matthews Company  
2780 Richville Drive SE, Massillon, OH 44646  
Phone: 330-834-3000, ext. 2026  
Fax: 330-830-2762

to initiate electronic entries to my checking/savings account at the time of each order and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address above.

You will receive a yellow packing slip with each order and a mailed invoice, stamped "paid", each time your account is debited.

**PLEASE INCLUDE A VOIDED CHECK**