



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 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 also 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: \_\_\_\_\_

(Authorized Signature)

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

(Authorized Signature)

(Printed Name)

(Printed Name)

(Title)

(Date)

(Title)

(Date)

E-Mail Address: \_\_\_\_\_

Attach void check here

For office use only:  Daily  Weekly  Monthly

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

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