

AUTHORIZATION FOR AUTOMATIC PAYMENT

I authorize Robert J. 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.

_____(_____)_____
NAME OF FINANCIAL INSTITUTION (BRANCH) (PHONE NUMBER)

(ADDRESS OF FINANCIAL INSTITUTION) (STREET) (CITY) (STATE) (ZIP)

(CUSTOMER SIGNATURE) (DATE)

_____(_____)_____
(CUSTOMER NAME – PLEASE PRINT) (PHONE NUMBER)

(CUSTOMER ADDRESS – PLEASE PRINT)

Checking Account No. _____

Savings Account No. _____

Financial Institution Routing Number _____

CUSTOMER RJM ACCOUNT NUMBER _____

On _____ I authorized
(Date)

Robert J. Matthews Company
2780 Richville Dr SE, Massillon, Ohio 44646
Phone: (330) 834-3000 Ext 1118
Fax: (330) 830-2774

to initiate electronic entries to my checking/savings account 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.

_____ Check here if this is a one-time transaction – payment amount \$ _____

_____ Check here if you want us to automatically take the funds from your account at the time of each order.

You will know the amount by the yellow memo that is generated with each order and by talking with your sales associate when placing the order.

PLEASE INCLUDE A VOIDED CHECK