

TARR, LLC

Authorization Agreement For Direct Payments (EFT Payments)

Authorization Agreement

I (we) hereby authorize **TARR LLC** to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and made payable to Tarr LLC, PO Box 12570, Portland, OR 97212-0570 through Wells Fargo Bank and to pay the same upon presentation. I (we) acknowledge that the origination of EFT (Electronic Funds Transfer) transactions to my (our) account must comply with the provisions of applicable law. I (we) also acknowledge that EFT drafts are subject to a twenty-five dollar (\$25.00) returned item fee.

This authorization is to remain in full force and effect until Tarr LLC has received written notification of its termination, and in such manner and with sufficient advance warning, as to afford Tarr LLC and DEPOSITORY a reasonable opportunity to act on it.

By checking this box, you agree to the terms of the "Authorization Agreement for Direct Payments (EFT Payments)" set forth above.

Please provide two (2) email addresses so we may send you notification of when the EFT will take place.

Email address _____

Email address 2 _____

Or Fax number _____

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Tarr, LLC Credit Manager.



We Accept



AUTHORIZATION FOR "AUTO PAYMENT" w/CREDIT CARD

Company or Business Name: _____

Address: _____

Phone #: _____

Account # _____

Credit Card # _____

3 Digit CSC # (back of card) _____

Expiration Date: _____

Name on Credit Card: _____

Email Address: _____

1. I authorize Tarr, LLC to make the necessary charge to my credit card via "Auto Pay" and to apply this charge to the invoice balance due on my account.

2. **Confidential Information:** All information provided by the customer shall be held in confidence by the recipient and shall be disclosed only to those of its employees authorized who require access in the performance of the duties to the recipient. The recipient will exercise reasonable care in the safeguarding of such confidential information.

I certify that all information provided and agree to be true and correct.

Signature: _____

Name: _____

Title: _____