## **BETTER DAY ENERGY**

## **Electronic Funds Transfer Authorization Agreement**

**ACH Payment Authorization Form** 

Sustomer Name (Leg	gal Business Name)	Federal Tax ID Number
Business Address		
City	State	ZIP Code
Accounting / EFT Contact Name		Contact Telephone
Email Address		EFT Fax Number
Effective Date		

**AUTHORIZATION:** The above named "Customer" hereby authorizes Better Day Energy Company to originate Automated Clearing House electronic funds transfer credit/debit entries to "Customer's" account, indicated below, and hereby authorize the

Depository institution, named below, hereinafter called "Financial Institution" to accept and credit or debit the amount of such entries to the "Customer's" account.

Bank Name		
Bank Address		
City	State	ZIP Code
Bank Phone Numb	er E	Bank Fax Number
Important: Plea		provide bank letter with routing and
account informa	tion.	provide bank letter with routing and
account informa	tion.	
account informa	tion.  ber (9 digits)	Customer Account Number
account informa	tion.	Customer Account Number
account informa	tion.  ber (9 digits)	Customer Account Number
account informa  Bank Routing Num  Name as Listed on	ber (9 digits)  Bank Account (if different th	Customer Account Number
account informa  Bank Routing Num  Name as Listed on	ber (9 digits)  Bank Account (if different th	Customer Account Number
account informa  Bank Routing Num  Name as Listed on  Bank Contact Nam	ber (9 digits)  Bank Account (if different th	customer Account Number an above)

## **Terms and Conditions**

**Customer Responsibility:** "Customer" shall be responsible for any loss which may arise by reason of any error, mistake or fraud regarding the information provided in this agreement, except losses incurred as a result of any error, mistake or fraud of Better Day Energy, its officers, directors, employees or agents.

**Changes to Bank Information:** "Customer" may change any portion of the information provided under Bank Information by giving at least fifteen (15) days written notice to Better Day Energy at the address shown below.

**Cancellation:** This authority shall remain in effect until fifteen (15) days after Financial Institution, at address shown above, and Better Day Energy, at address shown below, have received written cancellation from "Customer". Notice of cancellation shall in no way affect credit or debit entries initiated prior to actual receipt and processing of notice. "Customer" understands that Better Day Energy may suspend this Agreement at any time.

**Sufficient Funds:** "Customer" understands that the Automated Clearing House electronic funds transfer debit entry will only be accepted by Financial Institution if sufficient funds are available in "Customer's" account listed above and "Customer" agrees separately with Better Day Energy to maintain sufficient funds at all times in this account.

**Dispute Rights:** By signing this Authorization, "Customer" in no way relinquishes any legal right to dispute any item.

Customer Authorization		
By signing below, Customer aut electronic fund transfers as des	horizes Better Day Energy to process cribed in this agreement.	
Authorized Name (Print)	Title	
Authorized Signature	Date	
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Better Day Energy Company | Electronic Funds Transfer Authorization

For questions, contact us at accounting@betterdayenergy.com

Please return completed form with voided check or bank letter