



MinnKota

ACH Form for Recurring Automatic Payments

Use this form to enroll in AutoPay – the easiest way to make your monthly payments. AutoPay is a free service. With AutoPay, there are no checks to write or calls to make. Your payments will automatically be transferred from your checking account to MinnKota EnviroServices, Inc. every month by ACH transfer.

To enroll in AutoPay, complete the form below and return by fax or mail:

FAX: (701) 293-0813 | ADDRESS: PO BOX 1864, Fargo, ND, 58107

Have a question? Call (701) 293-8428.

Office hours: Monday-Thursday 8 A.M.-5 P.M., Friday 8 A.M.-4 P.M., (Central Time)

Authorization Agreement for Recurring Automated Direct Payment Plan

Name of Business:	Name of Bank or Financial Institution ("Bank")
Contact Name:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Saving Account
Email Address:	Routing #
Contact Phone #:	Account #
Customer Number:	Please attach a voided check
Service Location # (Check one): <input type="checkbox"/> This ACH agreement applies to all locations <input type="checkbox"/> This ACH agreement applies only to the following service locations Please list service locations:	

By signing below, you authorize MinnKota ("Company") to initiate monthly electronic automated clearing house (ACH) debit entries from the designated Bank account, in order to pay for the charges for services provided by MinnKota and, if necessary, to initiate transactions to correct any erroneous payment debit. This authority will remain in effect until you revoke this authorization (as provided below).

If your Bank is unable to process any electronic ACH debit entry, you authorize Company to resubmit the ACH debit entry up to two additional times within the next 30 days. If your payment is dishonored or returned unpaid by your Bank, you agree that Company may charge a return item fee and/or a late charge to your MinnKota account. You also acknowledge that your Bank may also impose its own additional fees according to your Deposit Account Agreement with such Bank. You acknowledge that the origination of ACH debit entries to your Checking Account must comply with and will be governed by the provisions of applicable laws and rules of the National Automated Clearing House applicable to the transaction.

This authorization will remain in full force and effect until Company has received written notification from you of termination at the address above. You agree to notify Company in writing of any changes in your Checking Account information or termination of this authorization at least 15 days prior to the next billing date to afford a reasonable opportunity for Company and Bank time to act.

Authorized Name on Your Account:

Signature:

Today's Date