865 Whitney Drive
Suite A
Lapeer, MI 48446
(810) 667-7000

AUTHORIZATION FOR VENDOR ACH PAYMENTS

CHECK ALL THAT APPLY:

Start ACH Payment ☐ Change ACH Payment ☐ Delete ACH Payment ☐

We hereby authorize **Avicore Defense Inc.** ("COMPANY") to electronically credit:

_____ (VENDOR NAME'S) account. We agree that ACH transactions we authorize comply with all applicable laws.

PLEASE PROVIDE COMPANY BANK DETAILS BELOW:

Checking Account ☐ Savings Account ☐ (Select One)

Depository Financial Institution

Depository Institution Name:	
Routing Number (ABA):	
Account Number:	
Account Name:	
Remittance Email:	

We _____("VENDOR") understand that this authorization will remain in full force and effect until (we) notify **Avicore Defense Inc.** ("COMPANY") in writing that we wish to revoke this authorization. We understand that **Avicore Defense Inc.** requires at least 30 days prior notice in order to cancel this authorization.

Vendor Name _____
Please print

Authorized by _____
Please print

Signature _____ Date _____