



sense™
Independent Bookstores
for Independent Minds

ACH AUTHORIZATION LETTER

Authorization Agreement for Direct Payments (ACH DEBITS)

Bookstore Name _____ ABA Member ID _____

I (we) hereby authorize American Booksellers Association, hereafter called THE COMPANY, to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution names below, hereafter called DEPOSITORY, and to debit the same from such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Bank Routing Number* _____ Account Number _____

(* 9 digit number located in left hand bottom of check. Or provide a photocopy of a void check)

The authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s)
(Please Print) _____

Date _____ Signature _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

BookSense.com subscription fee (monthly) \$ _____

BookSense.com inventory upload fee (monthly) \$ _____

ABA membership dues (quarterly) \$ _____

Signature _____ Date _____

Please return this completed form to ABA (Attn: Ed Rush)
200 White Plains • Tarrytown, New York 10591 or • Fax to: 914-591-2720