



4506 N. Lewis Ave.
Sioux Falls, SD 57104
poetenergy.com

TOLL FREE: 888.327.8799
PHONE: 605.332.2200
FAX: 605.332.2266

Account #: _____

FUNDS TRANSFER AUTHORIZATION AGREEMENT

Customer Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____

_____ ("Customer") does hereby authorize Poet Nutrition to initiate debit and/or credit entries to Customer's Bank account indicated below for payment/refund of any debt incurred for purchase of product, and does further authorize the depository institution named below to debit/credit such entries to the Customer's account:

Name of Bank: _____ Branch: _____

Bank Contact: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Routing and Transit Number: _____ Account #: _____

Neither party shall be liable to the other for any failures or errors beyond its reasonable control including without limitation, mechanical, electronic, or communications failures or errors. Neither party shall be liable to the other for any special incidental, exemplary or consequential damages arising from or as a result of any delay, omission, error or failure in the electronic transfer of funds.

This authority shall remain in effect until terminated upon 30 days written notice by either Customer or Poet Nutrition. Notice of the termination shall in no way affect debit/credit entries initiated prior to actual receipt of notice.

All credit and other terms and requirements between Customer and Poet Nutrition remain in effect.

Authorized this _____ day of _____, 20_____

Signature

Printed Name

Title

For Funds Transfer inquiries, contact:
Poet Nutrition
Phone: 605.332.2200 • Fax: 605.332.2266

PLEASE ATTACH A VOIDED CHECK