



AUTO-DEDUCT/ DIRECT DEBIT ENROLLMENT FORM

Questions? Call: (800) 214-6262

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| Effective Date: | US Foods Customer #: | Division: |
| Business Name: | Contact Name: | |
| Billing Street Address: | *E-mail Address: | |
| City: | State: | Zip Code: |
| <i>*Confirmation of each transaction will be sent to you by Statement and to the E-mail address you list on this form.</i> | | |
| Best Phone To Reach You At: | FAX Number: | |

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| <input type="text"/> |
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Enter Bank Account Number

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Enter 9 Digit Routing Number

Enter Bank Name: _____

Attach a Copy of a *Blank Voided Check* ***REQUIRED***

Our company agrees to pay US Foods by electronic funds transfer and hereby authorizes US Foods or its designated representative to periodically debit the undersigned bank account(s) in line with payment terms provided by US Foods. It is acknowledged that US Foods will have no authority to draw upon the bank accounts of the undersigned at any time prior to the due date based on your payment terms as indicated on your invoice. In no event will US Foods be authorized to withdraw any amounts in excess of the net invoice amount. Credits due and identified at the time of delivery will also be applied to the invoice prior to initiating the debit.

This agreement may be revoked by the undersigned or US Foods upon 30 days written notice to either party. This agreement may be revoked immediately by US Foods upon notification that any charge due has not been paid due to insufficient funds or is paid but reversed by any bank of the undersigned. This agreement will terminate automatically upon the closing of the bank account(s) from which withdrawals are to be made or upon notice to US Foods of the undersigned's bankruptcy.

In the event my electronic debit or transfer is returned, I agree that a \$25.00 return item fee will be electronically charged to my account.

The undersigned agrees to provide a copy of this agreement to its bank or other depository from which the direct debits are to be made and shall request such bank to cooperate with US Foods in the payment of all charges.

To: US Foods
Attn: AR – Auto Deduct
8075 S River Pkwy
Tempe AZ 85284

To the undersigned:

Company Name: _____

Attention: _____

Street: _____

City, State, Zip: _____

Signature: _____ Date: _____

Print Name and Title: _____

PLEASE FAX TO: ATTN: AUTO DEDUCT at 888-300-8536

Or

E-mail to: ARautodeduct@usfood.com