



2535 Rivard St, Detroit, MI 48207
Corporate Office: (313) 259-7500
Fax: (313) 568-1909

ACH Credit Authorization Agreement

PAYEE INFORMATION

Please type or print legibly

Payee Name	Taxpayer ID/SSN
Mailing Address	
Email Address for EFT Confirmation	
Payment Terms	
Primary Contact	Phone Number and Ext.
Title	Fax Number
Secondary Contact	Phone Number and Ext.
Title	Fax Number

1. The payee described above ("Payee") hereby authorizes Wolverine Packing Co. ("Wolverine") to initiate automated clearing house ("ACH") credit entries to the financial institution set forth below in payment of invoices issued by Payee to Wolverine. This authorization will remain in full force and effect until Wolverine receives written notification of termination and has a reasonable period of time (not less than ten (10) business days) to act upon such notice.
2. Payee understands and agrees that three (3) additional days will be added by Wolverine to the agreed upon payment terms.
3. Wolverine will not be liable to Payee and Payee will not be liable to Wolverine for any special consequential, indirect or punitive damages arising out of this Agreement, whether or not (a) any claim for such damages is based on tort or contract or (b) either party knew or should have known the likelihood of damages in any circumstances.

Authorized Signature	
Name and Title	Date
Bank Name	City, State, Zip
Transit/Routing Number	Bank Account Number
Account Title	

PLEASE COMPLETE AND RETURN THIS FORM BY:

(1) Mail: Wolverine Packing Co.
2535 Rivard
Detroit, MI 48207

(2) Fax: (313) 568-1909
Attn: Janet Sage

(3) E-mail: jsage@wolverinepacking.com