

Authorization Agreement for Automatic Deposits (ACH Credits)

I (we) hereby authorize Infant and Child Nutrition, Inc., hereinafter called **Company**, to initiate credit entries and adjustments to my (our) Checking Savings Account (select one) indicated below and the depository named below, hereinafter called **Depository**, to

Bank Name _____ **Branch** _____

City _____ **State** _____ **Zip** _____

Transit / ABA # _____ **Account #** _____

This authority 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 as reasonable opportunity to act on it.

Name(s) _____
(Please Print)

Date _____

Signature _____

****Attach a voided check****