



*Now it's even easier to do
business with D&H with . . .*

E.F.T.

Electronic Funds Transfer

An Automatic Invoice Payment Program

- Eliminate COD costs
- No need to write checks
- Gives you a 7-day “float” on your bank account
- Credits issued directly to your bank

Sign Up Today!



Please complete both sides of this form and return below portion to D&H

Authorization Agreement for Prearranged Payments

I hereby authorize the financial institution I have indicated to charge the account I have specified in the amount of my invoices and send that amount to D&H Distributing. I agree that each charge to my account shall be the same as if I had signed a check to pay my bill. This authority will remain in effect until I notify D&H. In addition, I have the same rights and protections as if I had written a check for payment. I understand that both the financial institution and D&H reserve the right to terminate this payment plan and/or my participation therein.

SIGNATURE

DATE

Please return or fax this form with a voided blank check to: D&H Distributing Company
ATTN: Credit Department – EFT7
PO Box 5967
Harrisburg, PA 17110



... With D&H Electronic Funds Transfer, Your bill is paid automatically, right on the due date!

• It's Accurate and Automatic

On the due date, your bank will deduct your invoice payment from your checking account and transfer it electronically to D&H. Many of our customers now pay their bills this effortless, accurate, modern way. Most financial institutions support this automatic service

• You'll Get a Statement and Invoice

You'll still get an invoice with each shipment upon delivery showing the amount due and the date it will be deducted from your bank account

• If You Question Your Bill

You'll have plenty of time to resolve any problems before the payment deduction takes place. Just call your D&H Credit representative at least four days before the due date. Call 1-800-877-1200. D&H won't charge you a cent for this service. If your bank has a service charge for checks, however, there may be a similar charge for EFT.

• Give it a Try

Sign up now for EFT. If you change your mind after giving it a try, just notify us and we'll stop the automatic deduction. Fill out the two authorization forms. Keep on for your records and return the others to D&H along with a blank check marked "void". After a ten-day set-up period, we'll send you a letter confirming your enrollment. All other D&H terms and conditions apply.

Complete this Portion for your records

CUSTOMER NUMBER

NAME

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

NAME OF FINANCIAL INSTITUTION



Please complete both sides of this form and return below portion to D&H

Note: Please sign and date the agreement on the previous page

NAME (As it appears on your D&H invoice)

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

CUSTOMER NUMBER (As it appears on your D&H invoice)

NAME OF DEPOSITOR (If different from Customer)

NAME OF FINANCIAL INSTITUTION

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ATTN: Credit Department – EFT7
PO Box 5967
Harrisburg, PA 17110
FAX: 717-635-6925