



TTI Floor Care North America
 8405 IBM Drive
 Charlotte, NC 28262
 Accounts_Payable@ttifloorcare.com / Phone: 440-996-2115

ACH Payment Authorization Form

Sign and complete this form to authorize Royal Appliance Mfg. Co., doing business as TTI Floor Care North America ("Us" or "We" or "Our") to pay the company identified below ("Company" "You" or "Your") electronically with an ACH payment. Payments will be settled on two business days following payment due date to ensure a float neutral arrival of good funds into Your bank account. If the payment date is a weekend or holiday, funds will arrive on the next business day. Payments so received by this method will be considered on time, notwithstanding any term to the contrary in any other agreement between the parties. In the event that We make a payment in error or in excess of the amount of a currently due invoice, You agree that We may reverse the transaction but only to the extent of the excess or error. You agree You will not refuse any such debit authorization. We agree to notify You in writing prior to any corrections or reversals in order to ensure clarity for the transaction.

You agree that You will notify Us a minimum of 12 business days prior to changing the account number and/or routing number where You wish to receive payment in order for Us to timely process such changes in our system with proper controls. For Your protection and Ours, You agree We may contact your bank to verify the accuracy of the banking information provided by You.

The undersigned hereby certifies that he/she is an authorized representative of Company and has all requisite authority to (a) provide the information listed on this form and (b) to authorize my bank to confirm the information provided below.

Both parties agree to be bound by NACHA Operating Rules as they pertain to ACH transactions. We acknowledge that the origination of ACH transactions to your account must comply with the provisions of U.S. law. Company agrees not to dispute this transaction with its bank provided the transaction corresponds to the terms indicated in this authorization form.

Please complete the information below:

Company Name:

Company Address:

Remittance Address:

Company Name on Account:

Bank Name:

Bank Account Number:

Bank Routing (9 digits):

Bank City/State:

Bank Contact/Phone#:

AR Contact:

AR Phone:

Remittance Email:

We will send notice to this email address two business days before settlement occurs in your bank account.

Currency: USD CAD
 Type: CHECKING SAVINGS

Attach a voided check for your checking account - not a deposit slip. If depositing to a savings account, ask your bank for the Routing/Transit Number for your account. It's not always the same as the number on a savings deposit slip.

Authorized Signature: _____ Date: _____
 Printed Name: _____ Title: _____

Note: Treasury will initiate a callback to the above executing individual via a previously published telephone number to validate the authenticity of this document and its data.

FOR TTI USE:

DATE CONTACTED: _____
 CONFIRMED WITH: _____
 BY INITIALS/DATE: _____
 ORACLE SUPPLIER #: _____