Authorization Agreement for Electronic Funds Transfer

Hawley LLC. 650 Vista Blvd, Suite 300, Sparks, NV 89434, accounting@hlc.bike Phone: 1-888-522-2453 Fax: 800-822-1985

Check the reason that you are completing this form:

☐ Initial Setup ☐ Change ☐ Cancel

Check one payment option from below:

☐ Dealer Initiated Payment (Via HLCWebsite Only)

☐ HLC Automatic Draft Payment At Time of Order Placement

☐ HLC Automatic Draft Payment on Net Due Date of Invoice

☐ HLC Automatic Draft Payment Early Pay Discount Date of Invoice

Section A: Company Information:

HLC Account #: _____

Company Name: _____

DBA: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Telephone #: _____

Section B: Primary Contact Person:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone #: _____ Extension: _____

Email Address: _____

Section C: Financial Institution Information*:

Bank Name: _____

Bank Address: _____

City: _____ State: _____ ZIP: _____

Account Type: _____

Routing Transit # _____ Account Number: _____

Name on Account: _____

*******IMPORTANT:A PHOTOCOPY OF A VOIDED CHECK MUST BE ATTACHED FOR VERIFICATION OF ACCOUNT NUMBERS.***

Section D: Authorization:

I authorize Hawley, LLC. to initiate and/or set up electronic debit and credit entries to the above account for payment of HLC invoices. Payment will be initiated on the due date or on the next business day if the due date falls on a weekend or holiday. I acknowledge that the origination of ACH transactions to this account must comply with the provisions of U.S. law. This authority will remain in effect until it has been cancelled in writing.

_____ _____

Signature of Account Owner or Authorized Signer on Account *Title*

_____ _____

Print Name *Date*