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## ELECTRONIC CREDIT AUTHORIZATION

(To Multiple Accounts)

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**TO:** BMO Financial Group  
Accounts Payable  
P.O. Box 0010  
Chicago, Illinois 60690  
U.S.A.

**Supplier Reference Number:**

I (we) hereby authorize Harris Financial Corp. hereinafter called COMPANY, to initiate credit entries via ACH (Electronic Payment) and to initiate, if necessary, debit entries and adjustments for any adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

The following criteria must be met in order to receive electronic payments:

- Account is held at a U.S. financial institution
- Branch of account is located in the U.S.A.
- Account is administered in U.S. currency
- The account name corresponds with the name under which the invoice is issued
- You have provided an email address or a fax number for receiving our confirmation of deposit.

### Primary Account (Deposit Net Pay)

\_\_\_\_\_  
(Financial Institution Name) (Branch)

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\_\_\_\_\_  
(Address) (City/State) (Zip)

\_\_\_\_\_  
(Routing Number) (Account Number) Type of Acct: Checking  Savings

### Secondary Account (Deposit \$ \_\_\_\_\_)

\_\_\_\_\_  
(Financial Institution Name) (Branch)

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\_\_\_\_\_  
(Address) (City/State) (Zip)

\_\_\_\_\_  
(Routing Number) (Account Number) Type of Acct: Checking  Savings

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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Company Name) (Signature)

\_\_\_\_\_  
(Contact Phone Number) (Date)

**PLEASE ATTACH COPY OF THE VOIDED CHECK TO THIS FORM**