

## TESSCO ACH Enrollment Form

Company Name (Company): \_\_\_\_\_

### Terms and Conditions

I hereby authorize TESSCO Inc. and each of its subsidiaries (TESSCO), to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to the account indicated below, at the depository financial institution named below (Depository), and to credit or debit the same from such account. I acknowledge that the authority will remain in effect until I cancel it in writing. I acknowledge that the origination of ACH transactions to the account must comply with the provisions of U.S. law. This authorization will remain in full force and effect until TESSCO has received written notification from Company of its termination in such time and in such manner as to afford TESSCO and Depository a reasonable opportunity to act on it. I assume responsibility for all finance charges, including but not limited to insufficient fund charges or fees assessed by TESSCO or Depository, or any ACH fees incurred in the event that a payment is returned for nonsufficient funds.

### Company Information:

Company Name: \_\_\_\_\_

TESSCO Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary email: \_\_\_\_\_

### Depository Financial Information:

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank Transit Routing Number or ABA Number: \_\_\_\_\_

Name of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

I have read and agree to abide by the terms and conditions and the **online payment privacy policy**.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Please return document to:

TESSCO, Attention Customer Transactions  
11126 McCormick Road, Hunt Valley, MD 21031-1494  
Phone: 410-229-1395, 800-472-7373, Fax: 410-229-1005  
Email: [CFS@TESSCO.com](mailto:CFS@TESSCO.com)