

NorthernBridges EFT PAYMENT AUTHORIZATION

_____ (“Company”) sells services to NorthernBridges, 15954 River’s Edge Dr., Hayward, WI 54843.

NorthernBridges desires to make payments for such services by electronic funds transfers (“EFT”) through the automated clearing house system, and Company agrees to grant such flexibility.

Therefore, Company hereby (1) authorizes NorthernBridges to make payments for services by EFT, (2) certifies that it has selected the following depository institution, and (3) directs that all such electronic funds transfers be made as provided below:

Depository Bank Name: _____

Address: _____

Bank Routing Number: _____

Checking Account Number: _____

PLEASE ATTACH VOIDED CHECK TO THIS FORM.

Payment Format: CCD

NB EFT Contact Brian Ahlgren, CFO
 Phone: 715-934-2266
 Fax: 715-934-2268

Remittance Address: Company _____

 Address _____

 Address _____

 City/State/Zip _____

Company will give thirty (30) days advance notice in writing to NorthernBridges of any changes in its depository institution or other payment instructions. Failure to provide change notification will result in delayed payments.

When properly executed, this Authorization will become effective within thirty (30) days after its receipt by NorthernBridges.

(Name of Company)

By _____
(Signature of Authorized Representative)

Title _____

Date _____