

ACH DIRECT DEPOSIT AUTHORIZATION AGREEMENT (CREDITS)
LOCATION\STORE#: _____

If this is a new account or change of account there will be a pre-note wait period of approx 10 working days. Your first check after the change will be a live check.

I (we) hereby authorize __EARTH FARE__, hereinafter called COMPANY, to initiate credit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my (our) Checking _____ Savings _____ account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit (or debit) the same to such account.

BANK NAME/BRANCH	CITY	STATE	ZIP CODE
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BANK TRANSIT/ABA NUMBER (attached voided check) ACCOUNT NUMBER

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 in such manner as to afford COMPANY a reasonable opportunity to act on it.

EMPLOYEE NAME(S)	SOCIAL SECURITY/ID NUMBER
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EMPLOYEE SIGNATURE	DATE	SIGNATURE	DATE
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(if someone other than employees account)

Set up New Account(s): _____ Change Account(s): _____

Add an additional account(s): _____ Cancel Account(s) _____

Deposit Full Amount of Check: (*circle one*) yes \ no **OR**

Specified (dollar) amount to be deposited : _____

***Must attach a copy of a voided check for checking and/or a deposit slip for savings accounts.