

Child Nutrition, Inc.

9 N. 3rd Street, Suite 100, P.O. Box 3364, Warrenton, Virginia 20188
540-347-3767

Schedule I

ACH Authorization Agreement – Direct Deposits

Submit a cancelled check with your completed form.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

Company Name: Child Nutrition, Inc.

Company ID Number: 521312582

I hereby authorize Child Nutrition, Inc. hereinafter called COMPANY, to initiate Credit Entries to my Checking Account / Savings Account (select one) indicated below at the depository financial institution names below, hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository

Provider Name: _____

Bank Name: _____ City: _____ State: _____

Routing Number: _____ Account Number: _____

This authorization 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 and DEPOSITORY a reasonable opportunity to act on it.

Name: _____ Provider Number: _____

Signature: _____ Date: _____

Note: All written credit authorizations MUST provide that the receiver may revoke the Authorization only by notifying the Originator in the manner specified in the authorization.

Submit a cancelled check with your completed form.