



THE ART OF INFUSED BEVERAGES™

ACH Authorization Form

Customer Name: _____

Financial Institution: _____

ABA Routing Number: _____

Account Number: _____

Account Type: Checking Account Savings Account

Name: _____

Phone Number: _____

"I hereby authorize CQ Infused Beverages to initiate payments to the bank and bank account named above. I will send CQ Infused Beverages written notification if any changes must be made." I agree to pay all Customer Unit's invoices according to Terms and Conditions set forth in our agreement. For more information login, to your Subscriber Portal by visiting www.cqbeverages.com/login. If your role has changed or you are in the process of changing employment, please forward this to the appropriate person within your company.

Signature: _____

Date: _____

Please fax to (855) 416-2646. Thank you.