



Dear Valued Customer,

In an effort to streamline and expedite, as well as to increase the security of the payment process, Ra-Lin is requiring all vendors to move to electronic payment processing by January 1, 2020. In order to continue to receive payments from Ra-Lin after January 1, 2020, all vendors are required to have completed and returned the attached ACH Authorization form. Electronic payments automatically deposit your payment amounts into your checking or savings account. The electronic payment process eliminates any payment delays or security issues associated with the processing, signing and delivery of paper checks.

Attached you will find an ACH Authorization form which must be completed and returned in order to set your account up to receive electronic payments. You may fax the form directly to our accounting department at 678-868-2536 or scan and email it to ap@ra-lin.com.

If you would like to send the form back to us via regular US Mail, please send it to the following address:

Ra-Lin & Associates, Inc
Accounts Payable
101 Parkwood Circle
Carrollton, Georgia 30117

After receiving the form, a member of our Accounting Team will verify the information provided verbally at a telephone number on file.

We are confident that this new system will make the process of receiving your payments more efficient and secure. If you have any questions, please feel free to contact me at 770-834-4884.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Scott Kauffman', is written in a cursive style.

Scott Kauffman
Controller



AUTHORIZATION AGREEMENT FOR ACH CREDITS

Company Name _____

I (we) hereby authorize Ra-Lin & Associates, Inc. hereinafter called COMPANY, to initiate credit and, if necessary, for a period of 48 hours after a credit entry our bank may initiate debit and adjusting entries for any credit entries in error to my (our): (select one) Checking Account or Savings Account indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account. I (we) acknowledge that the authority will remain in effect until I have (or either of us) cancelled it in writing and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I (we) agree to inform COMPANY as soon as possible of any changes to account or fiduciary institution information previously provided.

Financial Institution _____ Branch _____

City _____ State _____ Zip _____

Routing Account
Number _____ 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 Financial Institution a reasonable opportunity to act on it.

Authorized Name _____
(Please Print)

Email Address for Remittance Advices _____

Date _____ Signature _____