

EXHIBIT A - AUTHORIZATION FOR BUSINESS PRE-AUTHORIZED DEBIT PLAN*

1. Complete all sections in order to instruct your financial institution to make payments directly from your account for adjustments, transactions settlement, Surcharge, Credits and Debits.
2. Return the completed form with a blank check marked "void" to the Payee at the address below (if no pre-printed check is available attach a Bank Letter in place of pre-printed check).
3. For further information, please contact A&E Vending 318-734-8363..

PAYOR INFORMATION (Type or Print Clearly)

Terminal ID:	
Payor Name:	
Address:	
City / State:	Zip:
Telephone:	Fax:
Name(s) of Authorized Signing Officer(s):	
Signature(s) of Authorized Signing Officer(s)	
Date:	

Adjustment Notifications will be sent to you at the business address / fax as listed above unless otherwise specified.

PAYOR FINANCIAL INSTITUTION BANKING INFORMATION (Type or Print Clearly)

New Routing Number	New Account Number
Old Routing Number	Old Account Number
Account Title / Name	
Type of Account (Circle One) Checking Savings Money Market Credit Union	
Name of Financial Institution:	
Branch Name:	
Branch Address:	
City / State:	ZIP:

PAYEE INFORMATION (Type or Print Clearly)

Payee Name:	EFX Corp
Payee Address:	601 Cleveland St. Suite 950 Clearwater, FL 33765
Telephone: (888)894-4088	Fax: (866)213-5533

Verified by: _____ Approved by: _____

*This form is for PADs which relate to commercial activities of a Payor who is a corporation, organization, trade, association, government entity, profession, venture or enterprise.



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