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Print Form
 Clear Form

Electronic Signatures
 will not be accepted.
 Forms must be printed & signed.

Electronic Funds Transfer

This form is an agreement between Holiday Wholesale, Inc. and Signature of Account Holder for the payment of invoice via electronic funds transfers (EFT). All Charges will be done in accordance with the Customer's terms as stated below. Any questions or concerns should be directed to Jen at extention 132.

Customer Account Number:	Customer Terms:
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Name Of Account (DBA):		
Location Address:	County:	
City:	State:	Zip Code:
Location Phone #:		
Primary Contact at Location:	Title:	

The following is Required from all Convenience Store type businesses.

EFT Withdrawal Day: <i>Check One</i>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Name of Bank:	Routing Number:		Account Number:		
Signature of Account Holder:	Print Name of Account Holder:		Date:		
EFT Notification: Check One ONLY & Provide Information	<input type="checkbox"/>	Email:			
	<input type="checkbox"/>	Fax:			

Attach copy of VOIDED check.