



**FUNDS TRANSFER AUTHORIZATION AGREEMENT**

**Customer Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name of Bank** \_\_\_\_\_ **Branch** \_\_\_\_\_

**Bank Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Routing Number** \_\_\_\_\_ **Account Number** \_\_\_\_\_

“Customer” does hereby authorize POET Bioproducts to initiate debit and/or credit entries to Customer’s Bank account indicated below for payment/refund of any debt incurred for the purchase of product, and does further authorize the depository institution named below to debit/credit such entries to the Customer’s account.

Neither party shall be liable to the other for any failures or errors beyond its reasonable control including without limitation, mechanical, electronic, or communications failure or errors. Neither party shall be liable to the other for any special incidental, exemplary or consequential damages arising from or as a result of any delay, omission, error or failure in the electronic transfer of funds.

This authority shall remain in effect until terminated upon 30 days written notice by either Customer or POET Bioproducts. Notice of the termination shall in no way affect debit/credit entries initiated prior to actual receipt of notice.

All credit and other terms and requirements between Customer and POET Bioproducts remain in effect.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**

For Funds Transfer Inquiries, contact:  
POET Bioproducts  
P. 605.332.2200 F. 605.332.2266

***PLEASE PROVIDE A VOIDED CHECK***