

Electronic Remittance Request Form

Instructions: Please complete this form and return to tcunningham@krasdalefoods.com. We must receive this form prior to processing EFT/ACH payments.

| Cust | ton | ner | | | | | | | | | | | | | | | | |
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| Customer No. | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | |
| Federal ID or Social Security Number | | | | | | | | | | | | | | | | | | |
| EFT Contact Person | | | | | | | | | | | | | | | | | | |
| Title | | | | | | | | | | | | | | | | | | |
| EFT Contact Telephone | | | | | | | | | | | | | | | | | | |
| EFT Contact Email | | | | | | | | | | | | | | | | | | |
| Company Name (As it appears on Acct) | | | | | | | | | | | | | | | | | | |
| Financial Institution | | | | | | | | | | | | | | | | | | |
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