

# COTO DISTRIBUTORS INC.

1201 NW 21st St, Miami, FL 33142 | (305) 900-4565 | customerservice@cotofd.com

## BANK ACCOUNT PAYMENT AUTHORIZATION FORM

**Important:** This form is intended for business customers who authorize Coto Distributors Inc. to debit their bank account for invoices related to orders placed with the company. Please complete, sign, and return this form through a secure method when possible.

### 1. Customer / Business Information

Legal Business Name

DBA / Restaurant Name

Billing Address

City, State, ZIP

Contact Phone

Contact Email

### 2. Bank Account Information

Bank Name

Routing Number

Account Number

Name on Bank Account

Account type:  Checking Account  Savings Account  Business Account  Personal Account

### 3. Payment Authorization

I/we authorize Coto Distributors Inc. to initiate ACH debit entries or bank account debits from the bank account listed above for amounts due on invoices generated from orders placed with Coto Distributors Inc. This authorization applies to variable invoice amounts, including but not limited to product purchases, delivery fees, returned payment fees, and any other approved charges related to the customer account.

Payment terms authorized:  Due upon invoice  Net 7 days Other: \_\_\_\_\_

**Debit timing:** Coto Distributors Inc. may debit the account on or after the invoice due date, unless another written agreement applies.

**Invoice notice:** Each invoice will show the invoice amount, due date, and payment terms.

**Returned payments:** Customer agrees to pay any applicable returned payment fee and any unpaid invoice balance.

### 4. Authorization Cancellation / Revocation

This authorization will remain in effect until Coto Distributors Inc. receives written notice from the customer revoking this authorization and has a reasonable opportunity to act on it. Revocation of this authorization does not cancel or reduce any unpaid invoice, outstanding balance, or payment obligation.

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**5. Customer Certification and Signature**

By signing below, I certify that I am authorized to sign on behalf of the customer/business listed above and that the bank account information provided is accurate.

**Authorized Signer Name**

**Title / Position**

**Signature**

**Date**

*Security note: For your protection, please do not send bank information by regular email unless specifically instructed. Coto Distributors Inc. may request that this form be returned through a secure upload link, encrypted email, or approved e-signature platform.*

*Operational note: This sample should be reviewed by your attorney, bank, ACH processor, or payment provider before official use.*

**To complete the bank account payment authorization process, please send the completed and signed form by email to customerservice@cotofd.com. You may scan the form or send a clear photo of all pages. Once received, your account will be set up for bank payments according to your approved payment terms. Each invoice will show the amount due and due date. Please contact us immediately if any bank account information changes or if you need to update your payment authorization.**