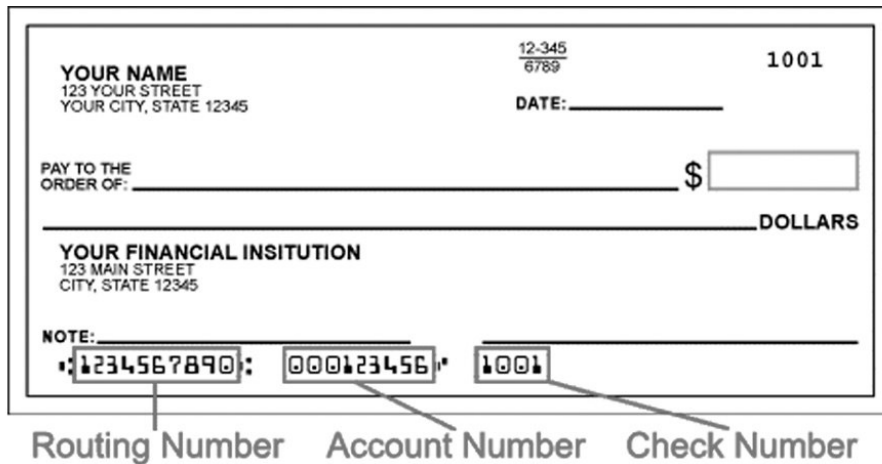


ACH AUTHORIZATION AGREEMENT FORM

I (we, if joint account) hereby authorize AllNative to initiate credit/debit entries to my (our) Checking/Savings Account at the Financial Institution indicated below, effective (Today's Date) _____ to credit/debit the account.

ACH Information		
Financial Institution:		
Branch:		
City:	State:	Zip:
Check If: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Routing Number:		
Account Number (Checking or Savings) :		
<i>A voided check MUST BE ATTACHED TO THIS APPLICATION if you have selected Checking.</i>		



This authorization is to remain in full force and effective until AllNative receives written notification from me (or either of us) of termination, in such time and in such manner as to afford the Financial Institution and us a reasonable opportunity to act on it. I (we) deem this to be seven (7) business days. I (we) understand that AllNative will debit my account prior to shipment, not to exceed the invoiced amount.

Name(s): _____

Drivers License #: _____ Issuing State: _____

Signature: _____

Complete Address: _____

Day Phone: () _____ Evening Phone: () _____

Please mail this form with voided check to: AllNative, P.O. Box 741, Winnebago, NE 68071

Any changes to autoship orders must be done 3 business days prior to the autoship.