



Fine Wine & Spirits since 1934

For your convenience, Saratoga Liquor accepts ACH as a form of payment. With ACH you do not need to write out checks, use envelopes or postage, or leave money for a driver to pick up.

With the ACH option you allow Saratoga Liquor to pull the funds due directly from your designated account. The funds are scheduled on the due date of the invoice, therefore, actually giving you an additional day of terms.

If you are interested in paying via ACH we will need your Bank Routing number and Bank Account number. These numbers are stored directly on our secure banking website.

Should you change to the ACH option your current terms change as follows:

<u>If currently:</u>	<u>New Terms:</u>
COD	ACH COD
Net 15	ACH Net 15
Net 30	ACH Net 30

If interested please complete the attached ACH Authorization Form and return to your sales person or our office by email to csherwood@saratogaliquor.com, fax to 715-394-4183, or mail to 3215 James Day Ave. Superior, WI 54880. If you have questions please contact our office at 1-800-472-6923 or locally at 715-394-4487.

Thank you for your business.



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ACH Debit Authorization Form

AUTHORIZATION AGREEMENT –FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)		
COMPANY NAME Saratoga Liquor Company, Inc.	COMPANY ID NUMBER 39-0767394	
I (we) hereby authorize SARATOGA LIQUOR COMPANY, INC hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.		
DEPOSITORY NAME (Bank Name)	BRANCH	TRANSIT/ABA NUMBER (Routing Number)
CITY, STATE, ZIP	ACCOUNT NUMBER	
This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) has the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.		
Customer Account Name _____ SARATOGA ASSIGNED CUSTOMER NO. # _____	DATE	IDENTIFICATION NUMBER (SSN-last 4 only) XXX-XX-_____
NAME (PLEASE PRINT)	NAME (PLEASE PRINT)	
SIGNATURE	SIGNATURE	
113-112-001 NIP (3/87)		



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