



ELECTRONIC FUND TRANSFER ENROLLMENT FORM:

Supplier Information			
Individual / Company Name:			
Address (if corporation, corporate address):			
City:	State:	Zip:	
If company, A/R Remittance Address (if different from above address)			
City:	State:	Zip:	
Remittance Information (Please select one)			
_____ Email address to send payment remittance advice: _____			
_____ Electronic remittance from CCE to payee's bank			
Contact Name:		Title:	
Telephone No:		Fax No:	
Please complete one of the following:			
Federal ID # (if company):		SSI# (if individual):	
Financial Institution Information			
Bank Name:			
Address:			
City:	State:	Zip:	
ACH Coordinator:		Telephone Number:	
ABA Routing Number:		Bank Account Number:	
Depositor Account Name:			
Type of Account:	Checking ()	Savings ()	

I hereby authorize Coca-Cola Enterprises Inc. to initiate credit entries to the account specified in accordance with applicable rules related to corporate payment entries of the National Automated Clearing House Association (NACHA) and its related member associations. This authorization is to remain in full force and effect until either party has given sixty (60) days written notice to the other party.

Signature

Title

Date