



CONA Master Data Management

EFT – Electronic Fund Transfer Enrolment Form

(For Coca-Cola Bottling Co. Consolidated; Coca-Cola Bottling Company United, Inc.; Swire Pacific Holdings, Inc.; Great Lakes Coca-Cola Distribution LLC; Coca-Cola Beverage Florida, LLC; Heartland Coca-Cola Bottling Company, LLC; Coca-Cola Southwest Beverage, LLC; ABARTA Coca Cola Beverages, LLC; Coca-Cola Bottling Company of Northern New England, Inc. and Liberty Coca-Cola Beverages, LLC)

VENDOR / CUSTOMER INFORMATION (ATTACH A VOIDED CHECK or BANK LETTER AND RETURN WITH THE COMPLETED FORM)

INDIVIDUAL / COMPANY NAME Desert Fox Golf

STREET ADDRESS 40 W. Baseline Rd Suite 118 **TAX ID NUMBER** 82-5057102

CITY Mesa **STATE** AZ **POSTAL CODE** 85210

CONTACT NAME Scott Kovesdy **TELEPHONE NUMBER** 480-628-3611

COMPLETE IF REMITTANCE ADDRESS IS DIFFERENT FROM ABOVE ADDRESS

STREET ADDRESS _____

CITY _____ **STATE** _____ **POSTAL CODE** _____

REMITTANCE OPTIONS (SELECT ONE)

EMAIL ADDRESS scott@desertfoxgolf.com **ADDRESS TO SEND PAYMENT REMITTANCE ADVICE**

ELECTRONIC DATA FILE _____

FAX NUMBER _____

Please ensure that your system will accept the remittance advice from any of the following Coca-Cola Bottlers that you or your company is doing business with:

HCCB CCSWB CCNNE CCBCU ABARTA CCBC LCCB SWIRE CCBF GLCCD

FINANCIAL INSTITUTION INFORMATION

BANK NAME Bank Of America **ABA ROUTING NUMBER** 122101706

BANK ACCOUNT NUMBER 457038738010 **DEPOSITOR ACCOUNT NAME** _____

TYPE OF ACCOUNT CHECKING SAVINGS LOCKBOX

I hereby authorize those CONA participating Bottlers (Coca-Cola Bottling Co. Consolidated; Coca-Cola Bottling Company United, Inc.; Swire Pacific Holdings, Inc.; Great Lakes Coca-Cola Distribution, LLC; Coca-Cola Beverage Florida, LLC; Heartland Coca-Cola Bottling Company, LLC; Coca-Cola Southwest Beverage, LLC; ABARTA Coca Cola Beverages, LLC; Coca-Cola Bottling Company of Northern New England, Inc. and Liberty Coca-Cola Beverages, LLC) that I or my company have a business relationship with, to (i) 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, and (ii), if necessary, debit entries and adjustments for any duplicate or erroneous credit entries previously initiated. This authority shall remain in full force and effect until a notification has been received in writing by the participating CONA Bottler of any changes or the desire to terminate such service in such time and such manner as to afford a reasonable opportunity to act on it.

Signature

Owner

Title

1-17-2025

Date

Scott L. Kovesdy

Print Name