



**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**

**STREET ADDRESS**  **TAX ID NUMBER**

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

**CONTACT NAME**  **TELEPHONE NUMBER**

**COMPLETE IF REMITTANCE ADDRESS IS DIFFERENT FROM ABOVE ADDRESS**

**STREET ADDRESS**

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

**REMITTANCE OPTIONS (SELECT ONE)**

**EMAIL ADDRESS**  **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**  **CCBCC**  **SWIRE**  **CCBF**  **GLCCD**   
**ABARTA**  **LCCB**

**FINANCIAL INSTITUTION INFORMATION**

**BANK NAME**  **ABA ROUTING NUMBER**

**BANK ACCOUNT NUMBER**  **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

Title

Date

Print Name