

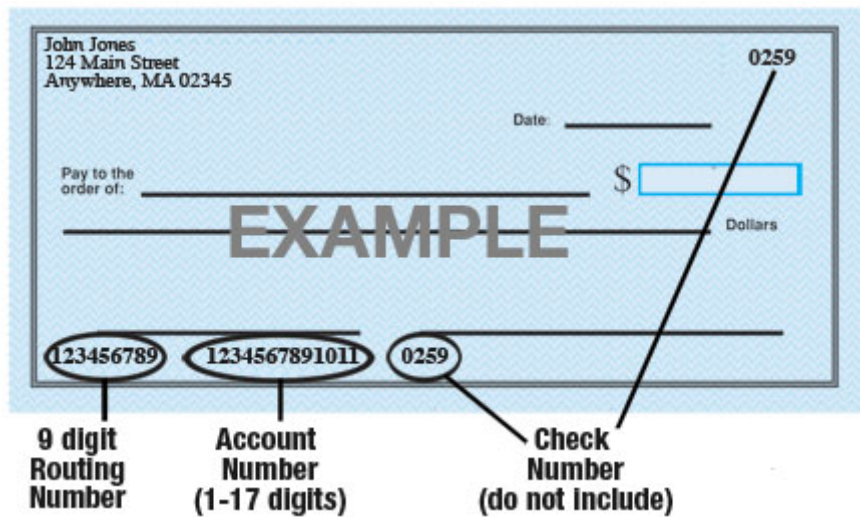
Direct Deposit Authorization Form

Please complete ALL the information below.

Name on the Account: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Check One)

Attach a voided check for each bank account to which funds should be deposited (if necessary)

_____ [Company Name] is hereby authorized to directly deposit payments to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Vendor/Employee's Signature: _____

Date: _____