

Authorization for Direct Deposits - Vendor Form

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Bank Account Information:

Deposit (amount or %)	_____
ACCOUNT TYPE (e.g. Checking or Savings)	_____
VENDOR BANK NAME BRANCH	_____
CITY, STATE	_____
ACCOUNT NUMBER	_____
BANK ROUTING NUMBER (ABA#)	_____

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

SIGNATURE

PRINTED NAME

VENDOR ID #

DATE