

**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**