

ACH DIRECT PAYMENT AUTHORIZATION

EASTON TECHNICAL PRODUCTS, INC.

VENDOR # _____

Office Use Only

ARE YOU A FIRST TIME PAYEE? IF SO, COMPLETE A W-9 FORM AND RETURN IT TO ACCOUNTS PAYABLE BEFORE PAYMENT WILL BE MADE. ON FILE ATTACHED

PLEASE CHECK ONE: NEW CHANGE CANCEL

NAME OF PAYEE OR VENDOR NAME: _____

PAYEE ADDRESS: _____

PAYEE PHONE #: _____

EMAIL TO SEND REMITTANCE ADVICE: _____

REQUIRED

SOCIAL SECURITY NUMBER: _____

OR

FEDERAL TAX IDENTIFICATION NUMBER: _____

ACCOUNT INFORMATION: (complete only for new requests or changes)

TYPE OF ACCOUNT (check one only) Checking Account Savings Account

Your Financial Institution's Routing Number: _____

Your Account Number: _____

Financial Institution Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

AUTHORIZATION: (check appropriate line)

I hereby authorize Easton Technical Products, Inc. to provide for direct payment of any invoice or reimbursement due to me into the above designated account.

If at any time the amount of payment so deposited exceeds the amount of payment actually due and payable to me, I hereby authorize Easton Technical Products, Inc. at its discretion to either withhold a sum equal to the overpayment from future payments or recover such overpayment from the above-designated account.

If any action taken by me results in non-acceptance of a direct payment by the designated financial institution, I understand that Easton Technical Products, Inc. assumes no responsibility for processing a supplemental payment until the amount of the non-accepted deposit is returned to Easton Technical Products, Inc. by the financial institution.

I hereby cancel my ACH Direct Payment authorization.

Signature

Date