Contractor's Supplies, Inc.

Direct Deposit Authorization

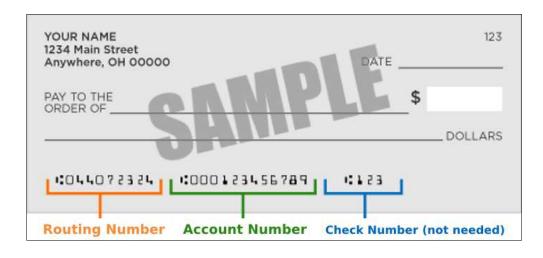
PRIMARY DEPOSIT ACCOUNT			
Financial Institution Name		Deposit Amount	
		NET PAY LESS SECONDARY AMOUNT(S)	
Address (Street, City, State, Zip)		Type of Account (circle one)	
		CHECKING SAVINGS	
Name on Account	Routing Number	Account Number	

SECONDARY DEPOSIT ACCOUNT			
Financial Institution Name		Deposit Amount	
Address (Street, City, State, Zip)		Type of Account (circle one)	
		CHECKING SAVINGS	
Name on Account	Routing Number	Account Number	

If additional secondary deposit accounts are needed, please use an additional form.

This authorization is to remain in full force and effect until CSI has received written notification from me of its termination in such time and manner as to afford CSI and financial institution(s) a reasonable opportunity to act on it.

Signature Printed Name Date



Proof of account ownership will need to be provided either by the financial institution(s) named above or by attaching a voided check.