

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 _____

YOUR NAME 1234 Main Street Anywhere, OH 00000		123
DATE _____		
PAY TO THE ORDER OF _____		\$ _____
_____ DOLLARS		
1:044072324	1:000123456789	1:123
Routing Number	Account Number	Check Number (not needed)

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