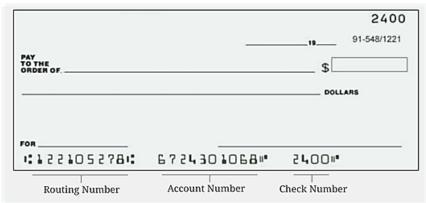


Authorization Agreement For Direct Deposits

Providers Name (PRINT):	Provider Number:
I hereby authorize FRAMAX to initiate credit entries for provious and/or adjustments for any overpayments made to my account efforts to notify the provider in advance of making a debit or a	indicated below. FRAMAX will make reasonable
Name of Financial Institution:	
Rounting Number:	
Account Number:	Checking Savings
To ensure accuracy of banking information the provider authorization	
AGREEMENT	
I understand that:	
* This authorization is to remain in full force and effect until whose Name and Signature appear below, of its termination depository a reasonable time to act.	-
* If the provider closes the account to which FRAMAX has b provided sufficient notice of the fact to FRAMAX, then the delayed.	-
* The provider is responsible to ensure there is sufficient fundauthorize against the account. FRAMAX is not responsible provider in the case of insufficient funds.	
* The provider will ensure their name and/or business name is	s listed on the account.
* The provider will not hold FRAMAX responsible for any d information supplied by the provider or by the financial institution in depositing funds to the account or du	titution, due to an error on the part of the provider's
My signature below acknowledges my acceptance of th	ne agreements for Direct Deposit as stated above.
Signature:	Date:

Attach Voided Check Here



Note: The routing and account numbers may appear in different places on your check