

AUTHORIZATION AGREEMENT TO RECEIVE PAYMENT VIA AUTOMATED CLEARING HOUSE ("ACH") CREDITS

Vendor Name (Print	<u> </u>
account at the financia accept and to credit an	ridian Technologies, Inc. ("Meridian" or the "Company"), to initiate ACH credit entries to the al institution (hereinafter the "Bank") indicated on this form. Further, I authorize the Bank to my entries initiated by Meridian to my account. If funds to which I am not entitled are deposited or prize Meridian to direct the Bank to return said funds to the Company via ACH debit entries.
□ Checking	Account (copy of a voided check or deposit ticket must be included)
Or Savings A	ccount (copy of a voided deposit ticket must be included)
□ bavings A	ccount (copy of a voided deposit tieket must be included)
Financial Institution:	
Name on Account:	
ABA / Routing #	
Account #	
notification from veno financial institution a immediately if you pla authorization form to	to remain in full force and effect until Meridian Technologies, Inc. has received written dor of its termination in such time, and in such manner as to afford the Company and the reasonable opportunity to act on it. You must notify the Accounts Payable department an to close or change your direct deposit account. Accounts Payable requires a new be filled out prior to 30 days of closing or changing accounts.
Email Address for REMIT Confirmation	ons:
Authorized Signatur	re: Date:
For Internal Use Only Assigned Vendor ID:	y: