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| **Vendor Authorization Form For Direct Deposit** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(Enter Company Name)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I authorize CSS International, Inc.located at 115 River Landing Drive, Charleston, SC, 29492 (hereafter referred to as “CSS”) to direct deposit of funds to my account with the financial institution listed below. I understand that the authorization may be rejected or discontinued at any time. If any of the information below changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, I understand my reimbursements will be delayed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check one of the following: | | | | | | | | | Start  Stop  Changing Account | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Effective Date: | | | | | | | | | As Soon As Possible | | | | | | | Future Pay date: | | | | | | | | | |  | | | | | | | | / | |  | | | | | | | | | / | |  | | | | | |  | |
| **Account #** – Check (*voided check only, deposits slip are not accepted*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Financial Institution Name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | |  | | | | | | | | | | | | | | | | State: | | | | |  | | | | | | | Zip: | |  | | | | | | | |  | | | | | | |
| **ABA Bank Routing Number** (must be 9 numbers) | | | | | | | | | | | | | | | **Account Number** (not to exceed 17 numbers) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *(Enter the above information from the bottom of your check)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***In order to receive Direct Deposit Payments you must attach a scanned image of a “Voided” check or direct deposit instructions on your banks letterhead. For security reasons we recommend that the check is Voided.****.  Staple the Voided check here* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This authorization will be in effect until CSS receives a *written* termination notice from the Vendor listed below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Company Name (DBA)* | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | *Phone:* | | | | | | | | | | | | |
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| *Company Address* | | | | | | | | | | | | | | | | | | | | | *City* | | | | | | | | | | | | | | | | | | | | | | *State* | | | | | | *Zip Code* | | | | | |
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| *Print First, Middle Initial and Last Name* | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | |  | | | |  | | | | | | | | | | | | |
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| *Email Address* | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | |  | | | |  | | | | | | | | | | | | |
| *X* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | X | | | |  | | | | | | | | | | | | |
| *Authorized Check Signer Signature* | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | *Date* | | | | | | | | | | | | |
| *CSS will retain this document on file* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |