

Corgan Associates, Inc.

Authorization for Direct Deposit of Vendor Payments

I authorize Corgan Associates, Inc. to credit my account with the depository names below. This authorization will remain in effect until Corgan Associates, Inc. has received written notification from an authorized company representative that it is to be terminated in such time and manner for Corgan Associates, Inc. to act on it.

Vendor Name _____

Address _____

Telephone _____

Printed Name of Company Representative

Signature of Company Representative **Date**

ABA Routing Number _____

Account Number _____

INTERNATIONAL USE ONLY	
Swift Code (if needed)	_____
Transit Number (if needed)	_____

Name of Bank _____

Email address of person to receive payment notifications _____

Please attach, to the bottom of this form, a voided check from the account that you want your reimbursement deposited. Return this completed form either by fax or e-mail to:

Corgan Associates, Inc.
401 North Houston Street, Dallas, Texas 75202
Fax: 214-744-4342, Attn: Accounting
vendors@corgan.com