



Vendor Direct Deposit Authorization

Instructions

Vendor:

This document must be signed by vendors requesting an automatic deposit of checks and retained on file by the organization. Vendors must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account

Account type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

attach a voided check for each account here

Authorization

This authorizes Central Oregon Locavore (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Vendor signature: _____

Print name: _____ Date: _____