

## ELECTRONIC FUNDS TRANSFER(EFT) AUTHORIZATION

I authorize Source International, Inc. to automatically deposit any funds owed, to the account at the Depository Financial Institution named below.

I understand that this agreement may be terminated by Source at any time by written notification. I will receive payment via check if this happens. If I change the account, I will send Source a new Authorization. Source will make payments due into this account on the next scheduled payment date.

I authorize Source to charge this account only for the purposes of correcting an erroneous credit previously deposited to the account.

Name on Bank Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Bank Name			
Bank Address			
Bank Routing / ABA Number			
Bank Account Number			
Your Email Address			
Authorized Signature	Name		
	Title		
	Address		
	Date		
<p><b>Please Note</b> You must provide all information requested above. Please void a check, place it in the area below, photo copy the form with the check and fax it to Vendor Relations @ 508-842-1838 or email to <a href="mailto:vr@sourceinternationaldesign.com">vr@sourceinternationaldesign.com</a> to receive payments due. If we do not receive this form in time, your payment will be held until we receive the completed form.</p> <p style="text-align: center;"><b>VOID CHECK COPY HERE Do Not Send Deposit Slip</b></p>			