

ATTACHMENT "A" – AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

Company Name _____

Company Federal ID Number _____

I (we) hereby authorize the Virginia Tech Corporate Research Center, Inc. (VTCRC), to initiate debit entries to my (our) Checking Savings account indicated below at the depository financial institution names below, hereinafter called DEPOSITORY, and to credit the same to such account.

Depository Bank Name _____

City _____

State _____ *Zip* _____

Routing Number _____

Account Number _____

PLEASE ATTACH A VOIDED CHECK TO THIS AGREEMENT.

This authorization is to remain in full force and effect until the VTCRC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the VTCRC and DEPOSITORY a reasonable opportunity to act on it.

The VTCRC is authorized to deduct the following payments from the account noted above.

(Please initial and date next to the payments you would like deducted)

RENT _____

DATA _____

OTHER BILLS _____

Name(s) _____

Date _____

Signature _____

Signature _____