Vendor Direct Deposit Authorization Agreement

HKP Holdings, Inc.

VENDOR INFORMATION
(Please print)

Vendor name _____

Address _____

City_____ State _____ Zip _____

Phone _____ Email _____

(to receive notification that payment was initiated into the designated account)

I authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking/savings account. This authority will remain in effect until I have cancelled it in writing.

Signature _____ Date _____

Please complete, sign, and return both this agreement and the enclosed IRS Form W-9.

FINANCIAL INSTITUTION INFORMATION
(Please print)

Bank name _____

Branch address _____

City_____ State _____ Zip _____

Account type: *(Choose One)* ☐ Checking *(Please attach a voided check)*
☐ Savings

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER