



Authorization for Electronic Funds Transfer

Please Print or Type

Payee Name (Vendor):	Telephone #:
Address:	Tax ID:

Please allow 2-3 weeks for direct deposit to take effect.

Action (Check one): Enroll Change Cancel

1. I hereby authorize Falling Colors Technology Corporation, hereinafter called COMPANY, to initiate credit entries and, if necessary debit correction and adjustment entries to my account at the financial institution listed below, hereinafter called DEPOSITORY. I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S. laws and regulations.

2. Deposit to the following account:
 Checking Account Savings Account

3. To ensure my account is properly credited and for account verification, I have attached a **voided check** (deposit ticket not acceptable) containing the Bank Transit/ABA number and my account number.

IMPORTANT: Please include an image of a voided check. If checks are not used on this account, please include a letter from your bank with your banking information.



Depository Bank Name

Bank Routing Number	Account Number
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4. I agree to allow the COMPANY to stop payment or posting of, reverse or adjust any entry erroneously credited to my account.
5. I understand that this authorization will remain in full force and effect until I notify COMPANY in writing I wish to revoke this authorization in such a time and manner as to afford COMPANY and DEPOSITORY a reasonable amount of time to act up upon it. I understand that company requires at least 7 days prior notice in order to cancel this authorization.

Signature	Title (if applicable)	Date

Note:

All payments made from Falling Colors Technology will be through direct deposit.

The original of this form is to be submitted through BHSDSTAR. You can either attach a copy of a voided check/letter from your bank.