

DIRECT DEPOSIT AUTHORIZATION

Company Name: TSD LOGISTICS, INC. Company ID #: 71-0535925

I (we) hereby authorize TSD LOGISTICS, INC., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) checking/savings account indicated below at the depository named below, hereinafter called BANK, to credit and/or debit the same to such account.

Please mark whether to deposit to checking or savings

BANK
NAME _____

Checking

Or

CITY, STATE _____

Savings

ROUTING
NUMBER _____

ACCOUNT
NUMBER _____

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

EMPLOYEE
NAME _____
Print

SOCIAL
SECURITY _____
NUMBER

EMPLOYEE
SIGNATURE _____ DATE _____

Note: All written credit authorizations should provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

We require a blank, VOIDED CHECK