



ACH DEPOSIT FORM

I (we) hereby authorize Duckett Management, Inc. (“The Company”) to initiate entries to our checking/savings accounts at the financial institution listed below (“The Financial Institution”), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until “The Company” is notified by us in writing to cancel it in such time as to afford “The Company” and “The Financial Institution” a reasonable opportunity to act on it.

VENDOR NAME: _____

VENDOR ADDRESS: _____

VENDOR CITY: _____

VENDOR STATE: _____

VENDOR ZIP CODE: _____

EIN OR SOCIAL SECURITY NUMBER: _____

FINANCIAL INSTITUTION NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

SIGNATURE: _____