DIRECT DEPOSIT PAYMENT AGREEMENT

O	Ra	m	d	n
~	Const	ructi	on	Inc.

Company Information:	×	Construction Inc
VENDOR NAME:		
VENDOR ADDRESS:		
ACCOUNTS RECEIVABLE CONTACT NAME:		
CONTACT TELEPHONE NUMBER:		
FAX and E-MAIL ADDRESS:		
My preferred method of notification is	(choose one): fax or	email
Bank and Branch Information:	Only Canadian Bank Accounts	
BANK NAME:		
BANK ADDRESS:		
BANK PHONE NUMBER:		
BANK ACCOUNT NUME	BER	
BANK NUMBER		
TRANSIT NUMBER		
(One number per box. Inc	clude leading zeros only if they appear on your void cheque.)	
Additional required information	<u>:</u> HEQUE MARKED VOID, OR	
	ETTER FROM MY BANK CONFIRMING OUR BANK INFORMAT	TION
Important Notes:		
with your company name and logo are do not yet have customized cheques.	absence of a void cheque or letter from your bank. Only cheque acceptable as void cheques. Please provide a letter from your ormation change, please contact the Accounts Payable	
	onstruction will not be responsible for any transmission	
Rankin Construction is hereby authoriz	zed to credit payment of all future invoices to the bank designate	d, until cancelled in writing.
SIGNATURE:	DATE:	
NAME: (please print) (Must be signed by an authorized sign	TITLE: ning officer of the corporation)	