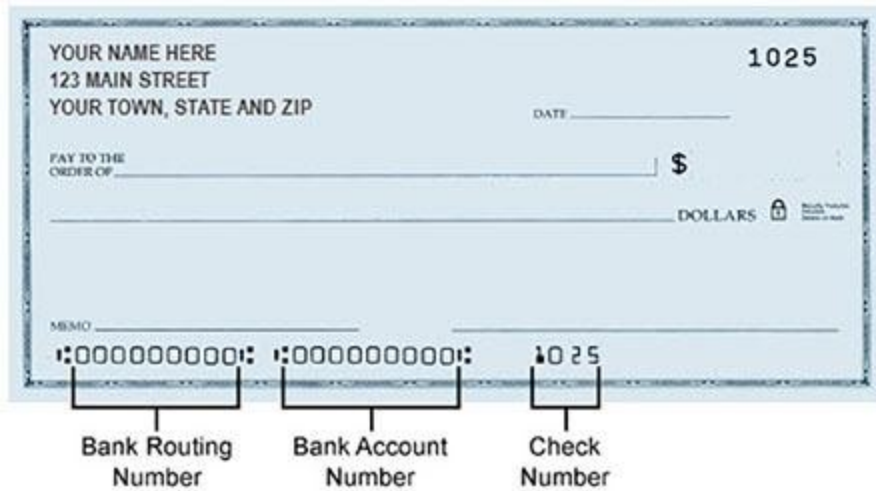


TW9, LLC
2320 Old Pageland Marshville Rd.
Marshville, NC 28103
704-624-9339 Office
Website: TW9LLC.COM



ACH/Direct Deposit Authorization

Company or Vendor Name: _____
Address: _____
Email: _____ Phone _____



Name of Bank: _____

Account Number: _____

Routing Number: _____

Type of Account Checking or Savings: _____

I hereby authorize TW9, LLC to make all payments due to me or my company via direct deposit.

Signature: _____ Date: _____

Print Name: _____