

DIRECT DEPOSIT AUTHORIZATION FORM

TO WHOM IT MAY CONCERN:

I/we hereby authorize Century Automotive Service Corp. to initiate credit entries to the account indicated below for payments owed to me/our company, and further authorize the financial institution named below to credit such stated account. This authority is to remain in full force and effect until Century Automotive Service Corp or the financial institution receives written notification to terminate such direct deposit authorization. I/we further understand that I/we must provide Century Automotive Service Corp a reasonable time to act on any changes that are initiated by me/our company. I/we recognize that I/we must provide Century Automotive Service Corp of any change in bank or account information to insure proper and timely deposits into my/our company's account.

ACCOUNTHOLDER INFORMATION			
NAME	EIN / SOCIAL SECURITY NUMBER		
ADDRESS	CITY	STATE	ZIP

ACCOUNT INFORMATION		
NAME OF FINANCIAL INSTITUTION	CITY	STATE
ABA ROUTING NUMBER	ACCOUNT NUMBER	

SIGNATURE OF AUTHORIZED ACCOUNT SIGNER

DATE

PRINTED NAME

TITLE