

Direct Deposit Option

LYNX Services recognizes that expediting the payment process is essential to maintaining positive relationships with our customers. We have developed a direct deposit program with Wachovia Bank in North Carolina, which enables you to receive Electronic Funds Transfer (EFT) instead of printed checks.

Although this program is optional, please note that if you elect not to participate in the EFT program, charges may be incurred for a printed check.

Receiving payments electronically provides opportunity to electronically update and streamline your cash application and accounts receivable operations. Additionally, it reduces any payment problems due to lost, stolen or misdirected checks. Finally, EFT provides for greater payment certainty for cash planning by eliminating mail delays.

LYNX Services will not be forwarding any of the payment detail to you directly. You can access your payment information via our web site. Our web address is **www.lynxservices.com**. Once you have accessed our home page, log in and select the EFT/Check detail menu button. You can also elect to receive payment remittance notifications via email or fax.

If you are interested in participating in this program, please complete the Electronic Payment Authorization form and return as indicated. If you already participate in the program but need to make a change to your EFT information, please complete the Electronic Payment Authorization Change Request form and return as indicated.

Rev: 04/12



ELECTRONIC PAYMENT AUTHORIZATION

("Company") sells goods and/or provides services to LYNX Services, LLC. LYNX Services desires the flexibility to make payments for such goods and/or services by electronic funds transfer ("EFT") through the automated clearing house system, and Company agrees to grant such flexibility.
Therefore, Company hereby (1) authorizes LYNX Services to make payments for goods and services by EFT, (2) certifies that it has selected the following depository institution, and (3) directs that all such electronic payments be made as provided below. Company acknowledges and agrees that the terms and conditions of all agreements with LYNX Services concerning the method and timing of payments for goods and services shall be amended as provided herein. Value dates on any EFT payments, replacing check payments, will be extended three (3) calendar days beyond the date required for check payments.

Company will give thirty (30) days advance notice in writing to LYNX Services of any changes in its depository institution or other payment instructions. When properly executed, this Authorization will become effective fifteen (15) days after its receipt by LYNX Services.

Bank Name					
Account Name					
Bank Routing No. *	***				
Checking Account	No.				
**** Attach	a copy of a v	oided check	for Routing an	d Account # ve	rification ****
Payment Remittance	e Format	How you v	would like to red	ceive your rem	ittance detail?
I need remittance det	ail via Ema i	il (50-	character limit	in email addre	ss field) or Fax
We can provide only one	email or fax re	emittance add	ress. List email ad	dress <u>or</u> fax num	ber in box below.
Email address or Fa	x Number				
Contact Name					
Contact Phone #			Fed T	ax ID	
			Signatur	e of Authorize	d Representative
			Title _		Date
Return completed form to:	Via U.S. Mail LYNX Service Attn: Field Su 6351 Bayshore Fort Myers, Fl	es pport e Rd. Ste 18	Via Fax (888) 889-7180	`	/scanned form and voided check

Questions on the EFT form or process?

Email: fieldsupport@lynxservices.com or Phone: (239) 479-6000 Press 5 and then 1

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ELECTRONIC PAYMENT AUTHORIZATION CHANGE REQUEST

Company will give thirty (30) days advance notice in writing to LYNX Services of any changes in its depository institution or other payment instructions. When properly completed, this Change Request will become effective fifteen (15) days after its receipt by LYNX Services.

Company Name			
Requestor's Name Requestor's Phone Number			
I Banking Information	Old Info	ormation_	New Information
Bank N	Name		
Bank Routing Number/	ABA		
Checking Account Nu	mber		
**** Attac		eck for Routing a	and Account # verification ****
Need Remittance Detail	(Y/N)		
Email Address <u>or</u> Fax Nu	mber		
III Contact Information			
	Nameax ID		
		Signature	of Authorized Representative
		Title	Date
Return completed form to: Via U.S. Mail LYNX Services Attn: Field Support 6351 Bayshore Rd. Ste 18 Fort Myers, FL 33917		Via Fax (888) 889-7180	Via Email (w/scanned form and voided check) fieldsupport@lynxservices.com
Questic	ons on the EFT form or process Phone: (239) 479	s? Email: fieldsupport -6000 Press 5 and ther	
	LYNX Serv	ices Internal Use Only	
Add note to sub	mission if rejected EFT payme	ent(s) are to be reissued	d after this change is processed.

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