

AUTHORIZATION FOR DIRECT DEPOSIT OF PAYMENTS

VENDOR/LESSOR INFORMATION

VENDOR/LESSOR NAME					
VENDOR/LESSOR NO.			PHONE NUMBER		
VENDOR/LESSOR MAILING ADDRESS					
EMAIL ADDRESS (Email is required when direct deposits have initiated)					

I hereby authorize Lamar Media Corp to initiate deposits to my account at the financial institution name below. I also authorize Lamar Media Corp to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree to not hold Lamar Media Corp responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the pay of my financial institution in depositing funds to my account.

This agreement will remain in effect until Lamar Media Corp receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form. All direct deposit requests will require verbal confirmation prior to updates being completed.

ACCOUNT INFORMATION

Please provide the information below and provide a voided check or banking letter for verification.

FINANCIAL INSTITUTION NAME		CHECKING SAVINGS
ROUTING NO.	ACCOUNT NO.	
Signature	 Name	Date