AUTOMATED ELECTRONIC FUNDS FORM

This Automated Clearing House (ACH) Electronic Funds Transfer (EFT) form must be completed in full. Failure to provide all requested information may delay or prevent the receipt of payments. The Payee/Beneficiary/Company should consult with its financial institution when completing the "FINANCIAL INSTITUTION INFORMATION" section. To expedite the handling of this form, please E-Mail to our Billing Team.

Invoices for services rendered along with a Release of Lien should be emailed to:

Chris Youmans at chris.youmans@mpiindustries.com

PAYEE/BENEFICIARY/COMPANY INFORMATION

SUPPLIER NAME: _____ TAXPAYER ID# OR SSN: _____

ADDRESS: _____

CONTACT NAME: _____ PHONE NUMBER: _____

ACH REMITTANCE ADVICE EMAIL (required): _____

FINANCIAL INSTITUTION INFORMATION

(PLEASE OBTAIN ROUTING NUMBER FROM FINANCIAL INSTITUTION)

BANK NAME: _____

BANK ADDRESS: _____

BANK CONTACT: _____ PHONE NUMBER: _____

ACCOUNT INFORMATION

NINE-DIGIT ROUTING TRANSIT NUMBER (DFI ID): _____

BANK ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: _____

I affirm to the best of my knowledge that all supplied information is complete and accurate. Furthermore, Stiles Enterprises LLC, is not responsible for misdirection of funds caused by inaccurate, incomplete or erroneous entries provided by Payee or it's financial institution.

SIGNATRE AND TITLE OF AUTHORIZED OFFICIAL (required): DATE:

_____ _____