

## **Direct Deposit Authorization**

Name				Phone			
	Last	First	MI	Alternate	2		
Address				- Ci		7.	
	Street			City	State	Zip	1
	Please Attach	Voided Check or Pro	vide Verificat	ion of Routi	ing and Accoun	<u>t Numbe</u>	<u>er</u>
	1	Please note processi	ng may take u	p to 7 busin	ness days		
		Р	<b>g</b> ,	· P · · · · · · · · · · · · · · · · · ·			
Name of Fir	nancial Institutio	on			\$Che	cking	<b>\$Savings</b>
	ROUTING _						
	ACCOUNT _						
BY SI	GNING BELOW, Y	Y <b>OU ARE (1)</b> AUTHOR	IZING ABRAM	S LLC TO DE	POSIT YOUR NE	T PAY AN	MOUNT EACH
		THE ACCOUNT AT TI LC IMMEDIATELY OF					
		STRIBUTED; AND (3) Y					
		CIAL INSTITUTION THE					
		R FINANCIAL INSTITU TO ABRAMS LLC.	TION IS AUTH	JRIZED TO F	RETURN THE DE	POSITED	AMOUNI
	Signature		Da	te			

By signing above, I attest that (1) the full amount of my direct deposit is not being forwarded to a bank in another country; and (2) if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country I will inform Abrams LLC immediately. ...as directed by the Virginia Department of Accounts & Federal Office of Foreign Asset Control, in support of U.S.C. Title 50, War and National Defense, Oct 2009.