

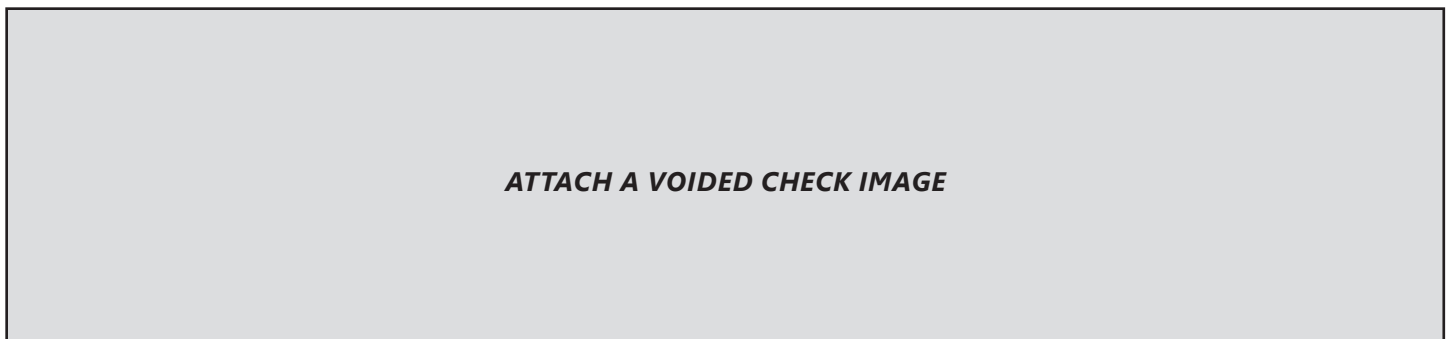


PLEASE RETURN COMPLETED FORM TO:

Accounts Payable
 Attn: Renee Bergfeld
 217-342-3123 Ext. 6123
 Equity.Accounting@TheEquity.com

AUTHORIZATION FOR DIRECT PAYMENT (ACH) AGREEMENT

REASON FOR SUBMISSION			
<input type="checkbox"/> NEW ACH ENROLLMENT	<input type="checkbox"/> CHANGE ACH ENROLLMENT	<input type="checkbox"/> CANCEL ACH ENROLLMENT	
VENDOR INFORMATION			
PAYEE NAME (OR LEGAL BUSINESS NAME)*		PHONE NUMBER*	EMAIL ADDRESS*
STREET ADDRESS*		CITY*	STATE* ZIP CODE*
REMIT ADDRESS IS DIFFERENT		EMAIL ADDRESS (SECONDARY)	
VENDOR FINANCIAL INSTITUTION INFORMATION			
FINANCIAL INSTITUTION NAME*		PHONE NUMBER*	TYPE OF ACCOUNT*: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
STREET ADDRESS*		CITY*	STATE* ZIP CODE*
ROUTING NUMBER*		ACCOUNT NUMBER*	



Vendor authorizes Effingham Equity (hereinafter "Equity") to initiate credit and/or debit entries to Vendor's account at Vendor's financial institution, as indicated above. Vendor further authorizes the named financial institution to credit and/or debit Vendor's account as set forth in this Agreement. Entries, debits and credits to Vendor's account shall be made only as authorized by the terms of this Agreement and in accordance with the Rules of the National Automated Clearing House Association relating to corporate trade payables (hereinafter "Rules"), made a part hereof by reference, as such Rules exist at the time any particular entry is initiated by Equity. All other credit, terms of sale and requirements between Equity and Vendor remain in effect. This authorization is subject to continuing approval by Equity.

SIGNATURE	DATE
PRINT NAME AND TITLE	

FOR OFFICE USE ONLY	
AGVANCE VENDOR #	VENDOR NAME IF DIFFERENT IN AGVANCE