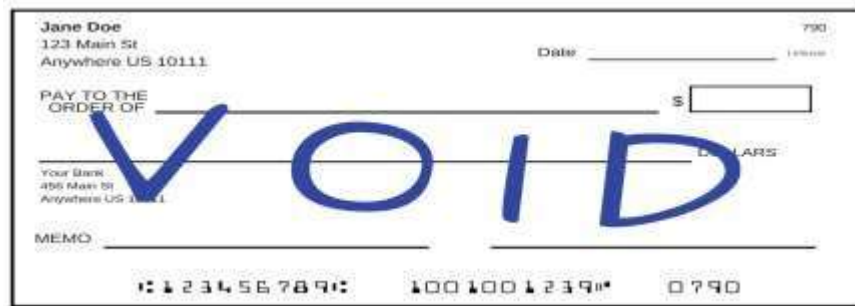


AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)

Please check one: Initial authorization Modification to existing authorization

Please complete either **Part A** or **Part B**

Part A: Please provide a copy of a voided check from the account you wish your payment to be made to.



Part B:

Company Name (as it appears on the bank account):

Bank Name:

Bank Transit ACH Routing Number:

Bank Account Number:

Please check account type: Checking Account Savings Account

The undersigned hereby authorizes Massachusetts Life Sciences Center to deposit funds due into the bank account named above. This authorization will remain in effect until canceled or amended in writing.

Authorized Signature: _____

Name:

Date:

Email address for EFT remittance confirmation: