

Smith Midland Corporation and Subsidiaries

EFT Payment Enrollment Form for Vendors

Company Name: _____

Bank Name: _____

Checking _____ Savings _____ (please check one)

Routing Number: _____ Account Number: _____

E-mail remittances to: _____

I authorize Smith-Midland Corporation and its' subsidiaries (the "Company") to deposit any amounts owed to me by initiating credit entries to my account at the financial institution indicated above. I authorize the financial institution to accept any credit entries initiated by the Company into my account. In the event that the Company deposits funds erroneously into my account, I authorize a debit to my account, not to exceed the original amount of the erroneous credit.

Our company agrees to the above terms _____ Date: ____/____/____

***Please return to Anne Grove at:
(540) 439-1095 fax
agrove@smithmidland.com***