

ADDENDUM A DIRECT DEPOSIT AGREEMENT

AUTHORIZATION

I hereby authorize Fleetham Advantage, Inc. and its Subsidiaries to initiate automatic deposits to my account at the financial institution named below. I also authorize Fleetham Advantage, Inc. and its Subsidiaries. to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Fleetham Advantage, Inc. and its Subsidiaries responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Fleetham Advantage, Inc. and its Subsidiaries receive a written notice of cancellation from me or my financial institution, or until I submit a new Direct Deposit Form.

ACCOUNT INFORMATION

NAME OF BANK FINANCIAL INSTITUTION:	
BANK ROUTING NUMBER:	
BANK ACCOUNT NUMBER:	
BUSINESS COMMERCIAL ACCOUNT:	
PERSONAL ACCOUNT:	
SIGNATURE	
AUTHORIZED SIGNATORY:	
AUTHORIZED SIGNATURE:	