

**UNISYS Electronic Payment Program
EFT Authorization
Please complete this form in its entirety.**

Updated 4/29/03

_____ (herein collectively called "Company", hereby (1) authorizes Unisys to make payment for goods and/or services by EFT, (2) certifies that it has selected the following depository institution, and (3) directs that all remittance advices be sent as provided below:

Bank Name _____

Address _____

Account Name _____

Bank Routing Number _____

Account Number _____

Checking Savings

Please provide the following information for your banking institution shown above:

ACH/EDI contact name _____

Telephone Number _____

Fax Number _____

Remittance advice options (Please check one)

CTX (Corporate Trade Exchange)

Fax **Fax number** (_ _) _ _ - _ _ _ _ **ATTN:** _____

Email **E-Mail address:** _____

Company will give thirty (30) days advance notice in writing to Unisys of any change in depository institution, other payment instructions or change in remittance advice option to the address at the bottom of this form.

When properly executed, this authorization will become effective for invoices received by Unisys after date of authorization.

Mail authorization to:

UNISYS CORPORATION

(Company Name)

(Telephone number)

ATTN: GSM GROUP P-RELAY EFT

PO BOX 5579

BISMARCK ND 58506-5579

(Authorized Signature)

(Title)

(Date)

FAX: 651-635-2590

Attach Void Check Here