

Authorization Agreement For International Automatic Deposits

Date	Date	
Company Name* : Company Address* :		
Company Contact Name* : Company contact Phone*: Contact URL*:		
Remittance email ID (At the time of payment, an e-mail will be sent to the following address: (One e-mail address is all our system allows)		
I hereby authorize NetApp, Inc., hereinafter called COMPANY, to initiate credit entries to my accounts indicated below and the depositories named below.		
This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on my request.		
By :*(Print Name)	Signed:*	
Account Information**		
Bank Name*:	_ Currency*:	
Branch*:		
City*: State*:	Zip*:	
Beneficiary name.*	Acct No.*:	
Branch No *: Institution/Transit No*:		
Account type _ Checking _ Savings		

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^{*}These are required information. Please fill in the blanks completely and clearly.

** It is the responsibility of the supplier to inform NetApp, Inc. of any bank information changes. Failure to do so will result in late payments.

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