

| Today's Date | Company Name ACME CORPORA | TION | | | |
|--|--|-----------------------------------|------------------|----------------------------|--|
| First Name Middle Initial | Last Name | Suffix | SS# | or TIN | |
| Home Address | City | 1 | State | Zip | |
| Mailing Address (only if different from above) | City | , | State | Zip | |
| Phone Number: | Circ | le One: HOME | WORK | CELL | |
| Primary payroll deposit: Check one | Complete only if you elected for your primary deposit to be made into an existing checking or savings account. Please attach a voided check. | | | | |
| ☐ Deposit into my existing bank account☐ Cut me a paper check☐ | Bank Name | | | | |
| | Bank Routing Number | | | | |
| | Bank Account Number | | | | |
| AUTOSAVE BENEFIT | | | | | |
| Fill in below to set up AutoSave, either with your free of charge. | own savings accou | nt, or to have us so | et up a ABC Ba | nk savings account for you | |
| \square Sign me up for the standard savings am | ount of \$25 per p | ay period. | | | |
| \square I'd like to save more. Enroll me at a savings ar | mount of \$35 per pa | y period. | | | |
| \square I can't save at the recommended rate right no | ow. Please enroll me | at a savings amou | ınt of just \$15 | per pay period. | |
| ☐ Sign me up for a new, guaranteed ABC Bank AutoSave Account | | ☐ Use my existing savings account | | | |
| Bank Name City ABC BANK | Bank | Name | City | | |
| Bank Routing Number 123456789 | Bank | Routing Number | | | |
| Bank Account Number [To Be Completed by Acme Corporation] | | Bank Account Number | | | |
| ☐ I have received information about the AutoSa | ave benefit, and I do | not wish to parti | cipate. | | |

Certification: Under penalties of perjury, I certify that ...

| 1) I hereby authorize AmCheck, on behalf of Acme Corporation, to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entry in error to my (our) account indicated above and the financial institution named above, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until AmCheck has received written notification from me (or either of us) of its termination in such time and in such manner as to afford AmCheck and DEPOSITORY a reasonable opportunity to act on it. |
|--|
| 2) For employees opening new ABC Bank AutoSave Accounts only: |

| a) | The number shown on this form is my correct Social Security or Taxpayer Identification Number, and | | |
|----|---|--|--|
| b) | UNLESS I HAVE CHECKED ONE OF THE BOXES BELOW, I am not subject to backup withholding either because I hav not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failur to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contribution to an Individual Retirement Arrangement (IRA), and payments other than interest and dividends), and | | |
| | ☐ I am subject to backup withholding ☐ I am exempt from backup withholding | | |
| c) | I am a U.S. person (including a U.S. resident alien), and | | |
| d) | I give my employer, Acme Corporation, permission to share a copy of my completed Employment Eligibility Verification (I-9) form and any supporting documentation with ABC Bank. | | |

Signature

CONGRATULATIONS!

You have joined the group of Acme Corporation employees who are planning ahead and saving for the future. You may change or stop at any time.