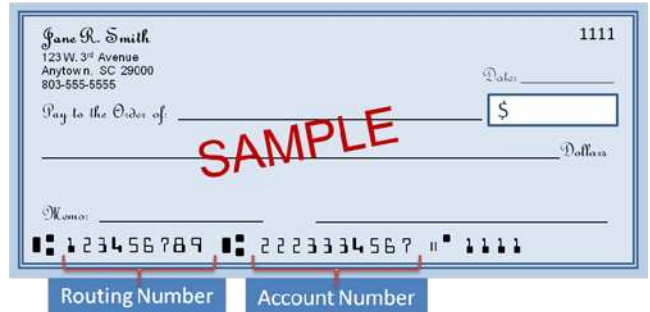


Employee Name (Last, First, Middle Initial):	Employee ID Number:	Effective Date:
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Payroll Direct Deposit Instructions

- You must attach a preprinted voided blank check or a direct deposit authorization form from each financial institution listed below.
- Olgoonik Development can only deposit funds into US-based financial institutions – no overseas deposits are permitted.
- Forms must be signed and returned to Human Resources.
- Please allow up to 14 days for changes to direct deposit to go into effect.



Primary Account: All net pay will be deposited – no dollar amount is needed					
New Account	<input type="checkbox"/>	Change Account	<input type="checkbox"/>	Cancel Account	<input type="checkbox"/>
Name of Financial Institution:		<input style="width:100%;" type="text"/>			
Type of Account		Savings Account	<input type="checkbox"/>	Checking Account	<input type="checkbox"/>
Routing Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number	<input style="width:100%;" type="text"/>		

Secondary Account:		Dollar amount to be deposited each pay day: \$			
New Account	<input type="checkbox"/>	Change Account	<input type="checkbox"/>	Cancel Account	<input type="checkbox"/>
Name of Financial Institution:		<input style="width:100%;" type="text"/>			
Type of Account		Savings Account	<input type="checkbox"/>	Checking Account	<input type="checkbox"/>
Routing Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number	<input style="width:100%;" type="text"/>		

Tertiary Account:		Dollar amount to be deposited each pay day: \$			
New Account	<input type="checkbox"/>	Change Account	<input type="checkbox"/>	Cancel Account	<input type="checkbox"/>
Name of Financial Institution:		<input style="width:100%;" type="text"/>			
Type of Account		Savings Account	<input type="checkbox"/>	Checking Account	<input type="checkbox"/>
Routing Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number	<input style="width:100%;" type="text"/>		

Olgoonik Development, LLC and Subsidiaries are hereby authorized to deposit my payroll into my account identified as and held at the financial institution identified above. I certify that such account exists. This authorization shall remain in effect until I give written notification of any change to my financial institution and/or account number.

As required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform Olgoonik immediately.

Employee Signature:	Date:
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