

Authorization for Direct Deposits

F O R Y O U R F I L E S O N L Y

This authorizes
(the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Account #1

EMPLOYEE NAME

BANK ADDRESS

BANK ROUTING # (ABA#)

BANK NAME

STATE ZIP

BANK ACCOUNT #

Account #2

Account # 2 Type (e.g. Checking, Savings, Loan...)

EMPLOYEE BANK NAME

CITY

BANK ROUTING # (ABA#)

BRANCH

STATE ZIP

ACCOUNT #

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

SIGNATURE

PRINTED NAME

SOCIAL SECURITY #

DATE

This document must be signed by employees requesting automatic deposit of paychecks, and retained on file by the employer.