

Authorization for Direct Deposits – Employee Form

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.

NOTE: Enter your company name in the blank space above.

Account #1

Account #1 Type (e.g. Checking, Savings, Loan ...) _____

EMPLOYEE BANK NAME

BRANCH

CITY

STATE

BANK ROUTING # (ABA#)

ACCOUNT #

Account #2

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

EMPLOYEE BANK NAME

BRANCH

CITY

STATE

BANK ROUTING # (ABA#)

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

EMPLOYEE ID #

DATE