

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 account(s) indicated below (the “Account”). This authorizes the financial institution holding the Account to post all such entries.

Account #1

Deposit amount or % _____
Account Type (Checking or Savings) _____
Bank Name _____
Account Number _____
Routing Number _____

Account #2

Deposit amount or % _____
Account Type (Checking or Savings) _____
Bank Name _____
Account Number _____
Routing Number _____

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

Signature _____
Printed Name _____
Email (for pay stub delivery) _____
Date _____