

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize _____ to directly deposit my pay in the bank account(s) listed below in the percentages specified. I have attached a voided check for each account specified below. No more than two accounts may be designated. This authorization is to remain in force until the Company has received written authorization from me of its termination or change. Also, I hereby grant _____ the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Name (PRINT): _____

Signature: _____ Date: _____

Account #1

Checking (attached voided check)

Savings (attach deposit slip and obtain ABA routing number from your bank)

Financial Institution: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: (____) _____

Account Number

Routing Number

Amount of pay to be deposited into this account:

\$ _____ or _____ %

Account #2

Checking (attached voided check)

Savings (attach deposit slip and obtain ABA routing number from your bank)

Financial Institution: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: (____) _____

Account Number

Routing Number

Amount of pay to be deposited into this account:

\$ _____ or _____ %