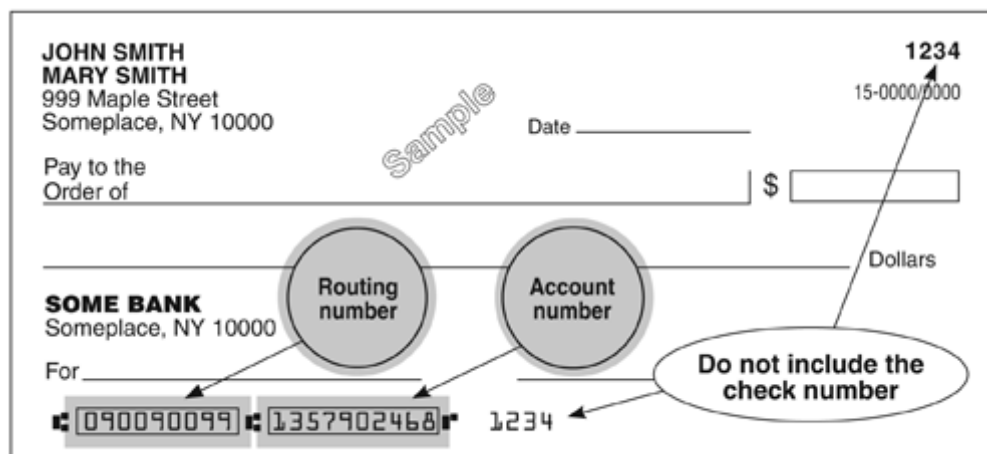


Employee Direct Deposit Authorization Form

Employee's Name: _____ Social Security #: _____

I authorize _____ (Company Name) to deposit my net paycheck automatically to the checking or savings account indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to give the Company a reasonable opportunity to act on it.

1. Name on Checking or Savings Account: _____
2. Name of Financial Institution: _____
3. Financial Institution Routing Number (see sample check below): _____
4. Financial Institution Account Number (see sample check below): _____
5. Type of Account: Checking Savings



Note: The routing and account numbers may appear in different places on your check.

Employee's Signature: _____ Date: _____