

DIRECT DEPOSIT AUTHORIZATION FORM

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

Account #1

Deposit (amount of %) _____

ACCOUNT TYPE (Checking or Savings) _____

EMPLOYEE BANK NAME _____

CITY, STATE _____

ACCOUNT NUMBER _____

BANK ROUTING NUMBER (ABA#) _____

Account #2

Deposit (amount of %) _____

ACCOUNT TYPE (Checking or Savings) _____

EMPLOYEE BANK NAME _____

CITY, STATE _____

ACCOUNT NUMBER _____

BANK ROUTING NUMBER (ABA#) _____

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

EMAIL ADDRESS

DATE