

DIRECT DEPOSIT VIA ACH AUTHORIZATION

I authorize _____, hereinafter called "Company," to initiate credit entries to my account indicated below and the Financial Institution named below, hereinafter called "Financial Institution," to credit the same such account. I also authorize Company to electronically debit my account to correct erroneous credits that are received. I acknowledge that the origination of Direct Deposit via ACH transactions to my account must comply with U.S. law.

Primary Account (Deposit Net Pay)

Financial Institution Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____ Type of Acct: Checking
 Savings

This authorization is to remain in full force and effect until Company has received written notification from me (or any authorized account signer on the accounts listed) of its termination in such time and manner as to afford the Company and Financial Institution a reasonable opportunity to act on the request.

Print Individual Name: _____ Signature: _____

Individual ID Number, if applicable: _____ Date: _____

If checked, attach a copy of a voided check or proof of account ownership to this form