

Direct Deposit Authorization

I hereby authorize _____, my employer, and their agents, including financial institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for my credit entries in error to my checking and/or savings accounts listed below. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation.

As required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another county, I will inform my employing agency immediately.

| <input type="checkbox"/> New Account Authorization | | <input type="checkbox"/> Change Account Authorization | | | |
|---|--|---|---------------------|--------|---|
| <input type="checkbox"/> Remaining Balance to 1 st Account | | <input type="checkbox"/> Use Percentage | | | |
| Pay Order | Bank Name/Address/ City, State, Zip/Phone | Acct Type | Account Information | Amount | % |
| 1* | | <input type="checkbox"/> Ckg | Rt # | | |
| | | <input type="checkbox"/> Sav | Acct # | | |
| | | | | | |
| 2 | | <input type="checkbox"/> Ckg | Rt # | | |
| | | <input type="checkbox"/> Sav | Acct # | | |
| | | | | | |
| 3 | | <input type="checkbox"/> Ckg | Rt # | | |
| | | <input type="checkbox"/> Sav | Acct # | | |
| | | | | | |

It can take up to 10 days for the employer to process your request to begin receiving electronic deposits or to make changes to current electronic deposit elections.

Please remember to attach a copy of a voided preprinted check or preprinted savings deposit slip to this form.

Signature

Date

Printed Name

I hereby cancel direct deposit of my paycheck completely. This cancellation is to take effect immediately and remain in full force and effect until the Company has received written notification from me of authorization to deposit my paycheck automatically. I acknowledge that I will now receive paychecks from which I am responsible for depositing and/or cashing.

Signature

Date