

**Authorization for Direct Deposits - Employee Form**

This authorizes \_\_\_\_\_ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

**NOTE: Enter your company name in the blank space above.**

\_\_\_\_\_  
ACCOUNT TYPE (e.g. Checking or Savings)

\_\_\_\_\_  
EMPLOYEE BANK NAME

\_\_\_\_\_  
BRANCH

\_\_\_\_\_  
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**

\_\_\_\_\_  
**EMPLOYEE ID # (If known)**

\_\_\_\_\_  
**DATE**