

DIRECT DEPOSIT ENROLLMENT FORM

To enroll in Direct Deposit, simply fill out the attached form and give it to your payroll manager. Supply a voided check (if a checking account) or deposit slip (if a savings account) for each account listed below. This will help ensure that you are paid correctly.

Important! Please read and sign before completing and submitting.

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on both sides of this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____-_____-_____

Employee Signature: _____ Date: _____

Company Name: _____

Account Information

You may choose up to three accounts. (Your last item must be for the remaining amount owed to you.)

1. Bank: Name/City/State: _____

Checking Savings Account Number: _____

I wish to deposit: \$_____.____ or Entire Net Amount

2. Bank: Name/City/State: _____

Checking Savings Account number _____

I wish to deposit: \$_____.____ or Remaining Net Amount Deposit or Check

3. Bank: Name/City/State: _____

Checking Savings Account Number _____

I wish to deposit: \$_____.____ or Remaining Net Amount Deposit or Check

7/30/07