

Employee Release

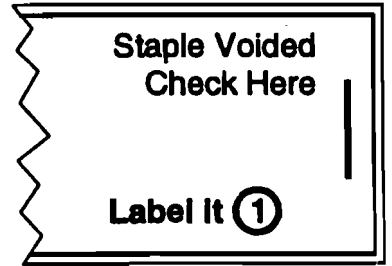
Employee Direct Deposit Authorization Form

To be retained by Employer

Account One

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit No
Account No

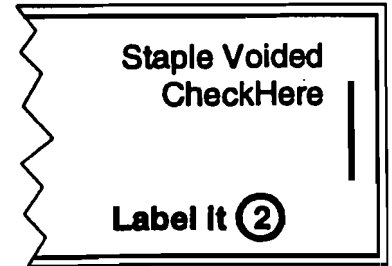
- Savings
- Checking



Account Two

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit No
Account No

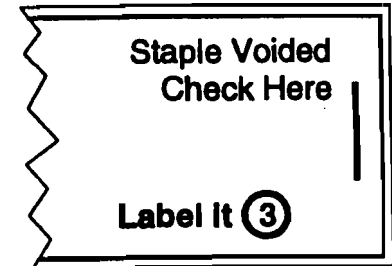
- Savings
- Checking



Account Three

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit No
Account No

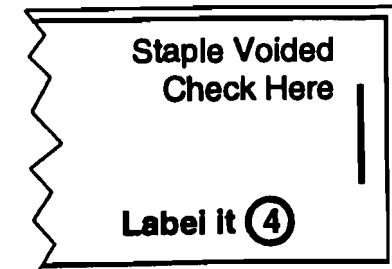
- Savings
- Checking



Account Four

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit No
Account No

- Savings
- Checking



I authorize my employer _____, and it's agents, including Financial Institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments, for any credit entries in error to my checking and/or savings accounts listed above. This authorization will remain in effect until I have cancelled it in writing.

Employee Signature

Date