

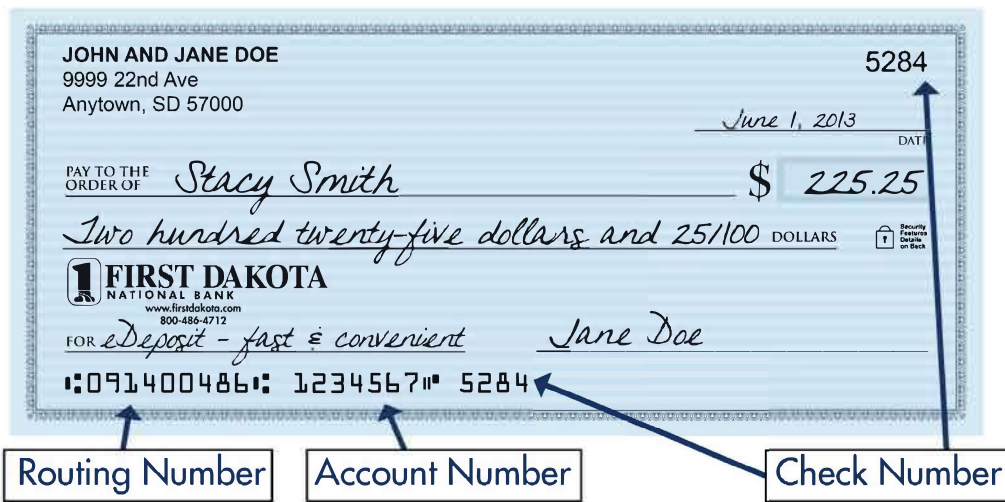


Direct Deposit Authorization Form

Name _____

Address _____

City _____ State _____ Zip _____



Bank Name _____

Bank Routing # (ABA) _____ Account # (DDA) _____

Account Type Checking Savings

Please attach a voided check for each bank account to which funds should be deposited.

Agile Financial Systems (AFS) is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Signature _____ Date _____