

CHECKMATE SERVICES, INC.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I (we) hereby authorize Checkmate Services, Inc. hereinafter called Checkmate, to initiate credit entries and to initiate, if necessary, debit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my () CHECKING () SAVINGS account (select one) indicated below and the depository named below, to credit and/to debit the same such account.

CHECKING ACCOUNT INFORMATION

BANK NAME: _____ AMOUNT: _____

CITY: _____ STATE: _____ ZIP _____

BANK PHONE NUMBER (____) _____ - _____

ACCOUNT NO. _____ ABA NO. _____

SAVINGS ACCOUNT INFORMATION

BANK NAME: _____ AMOUNT _____

CITY: _____ STATE _____ ZIP _____

ACCOUNT NO. _____ ABA NO. _____

This authority is to remain in full force and effect until Checkmate has received written notification from me of its termination in such time and in such manner as to afford Checkmate and Depository a reasonable opportunity to act on it.

NOTICE: AN EMPLOYEE'S FINAL CHECK WILL NOT BE DIRECT DEPOSITED.

NAME: _____ SS# _____

EMPLOYEE SIGNATURE

DATE