



DIRECT DEPOSIT [ACH CREDIT] AUTHORIZATION FORM

(Please print NEATLY)

Name: _____

SSN: _____

Email address: _____

The email address allows us to send your direct deposit stub to you via email. Please print neatly.

I hereby authorize **WORKPLACE INC**, hereinafter called COMPANY and the depository financial institution named below, hereinafter called DEPOSITORY, to initiate electronic credit entries, and if necessary, process any adjustments needed to correct entries made in error, to the account listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law.

PLEASE FURNISH A VOIDED CHECK OR LETTER FROM YOUR BANK VERIFYING THE ROUTING NUMBER AND ACCOUNT NUMBER.

You have the ability to split your deposit between two different accounts (i.e. a checking and a savings), at more than one financial institution. Please fill out the information below, listing the percentage (no \$ amounts) you want deposited to each account if applicable. Use 100% if only one account is listed, otherwise two accounts must equal 100%.

<p>1) Financial Institution Name: _____</p> <p>Routing Number: _____</p> <p><input type="checkbox"/> Checking Account Number: _____ %</p> <p><input type="checkbox"/> Savings Account Number: _____ %</p>

<p>2) Financial Institution Name: _____</p> <p>Routing Number: _____</p> <p><input type="checkbox"/> Checking Account Number: _____ %</p> <p><input type="checkbox"/> Savings Account Number: _____ %</p>

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

Signature

Date