

DIRECT DEPOSIT AUTHORIZATION

Instructions:

1. Please complete and sign the Direct Deposit Authorization form in its entirety.
2. To make a change to your existing direct deposit information, please stop the original account and complete a new form with the correct account information.
3. **Please ensure you have the correct account information (routing number and account number) and that it is clearly legible on the form. Bounce N More is not liable for any incorrect information submitted by the employee on this form.**

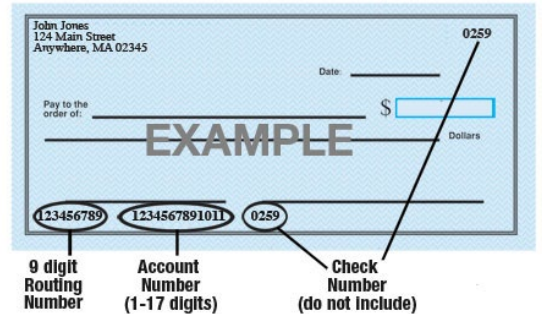
Name: _____

Name of Bank: _____

Account #: _____

9 Digit Routing #: _____

Account Type (Checking/Savings): _____



Agreement

I, the undersigned, hereby authorize and request Bounce N More to initiate credit entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the named financial institution.

This direct deposit authorization will remain in effect until withdrawn by: (a) me, either in writing by submitting this form requesting a change; (b) my death or legal incapacity; (c) the financial institution; or (d) Bounce N More. Direct deposit data is inactivated one year after separation of employment.

Please make sure your direct deposit has stopped before closing your account. Otherwise, the funds will be returned to Bounce N More and may cause a seven-to-ten-day delay in receiving your funds.

Bounce N More is not liable for any incorrect information submitted by the employee on this form (e.g. account number, employee identification, etc). It is the employee's responsibility to verify the deposit of his/her salary/wages prior to writing checks on accounts. My signature below signifies acceptance of these terms and conditions.

Signature _____ Date _____