DIRECT DEPOSIT AUTHORIZATION FORM

	Name: (please print your name as it a on your account)	appears Social Security Number:
I want to (chec	k one):	
∘ ADD—D	peposit my pay to the account(s) sho	own* ○
CHANGE-	-Change bank account and/or account	unt number \circ
CANCEL-	-Stop my participation in the progra	am
processing. You w	quired for the company and bank processin ill receive your regular paycheck until char immediately if you close or change l	anges can be processed
Account Type	• Choose One • Deposit	Bank Name:
Checking	\circ net Pay \circ Deposit Fixed	
Savings	Amount Amount\$	
Bank Address	:	Bank Phone:
Account #		Routing #

Use extra sheets for additional deposit distributions.

TAPE YOUR VOIDED CKECK BELOW

PLEASE ATTACH VOIDED CHECK HERE

I/we hereby authorize HomeRiver Group, to initiate credit entries (and to initiate, if necessary, debit entries and adjustments for any credit entry in error) to my/our account indicated below, and authorize the financial institution named below, [BANK], to credit and/or debit the same to such account. This authority is to remain in full force and effect until HomeRiver Group, has received written notification from me (or either of us) of its termination in such time and such manner as to afford HomeRiver Group, and the BANK a reasonable opportunity to act upon it. I also agree that I will not request HomeRiver Group to initiate an ACH entry that acts on behalf of, or transmit funds to or from any blocked party subject to OFAC (office of Foreign Assets Control)—enforced sanctions.

Signature: