



DIRECT DEPOSIT AUTHORIZATION

NAME OF EMPLOYEE: _____

1) Employee's Depository Bank: _____

1) Type of Account: Checking or Savings Dollar Amount \$: _____

1) Routing Number: _____

1) Account Number: _____

2) Employee's Depository Bank: _____

2) Type of Account: Checking or Savings Dollar Amount \$: _____

2) Routing Number: _____

2) Account Number: _____

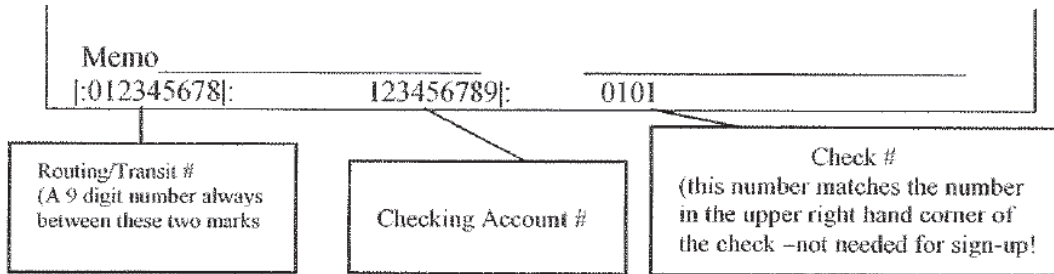
3) Employee's Depository Bank: _____

3) Type of Account: Checking or Savings Dollar Amount \$: _____

3) Routing Number: _____

3) Account Number: _____

**FOR EACH ACCOUNT, PLEASE ATTACH A VOIDED CHECK or
BANK DIRECT DEPOSIT AUTHORIZATION LETTER (NO DEPOSIT SLIPS)**



Important! Please read and sign before completing and submitting.

I hereby authorize Selectek, Inc. either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Selectek, Inc., either directly or through its payroll service provider, to my account. In the event that Selectek, Inc. deposits funds erroneously into my account, I authorize Selectek, Inc., either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Selectek, Inc., and Bank have received written notice from me of its termination in such time and in such manner as to afford Selectek, Inc., and Bank reasonable opportunity to act on it.

Signature

Date