

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize CheckMate Management to initiate credit or debit entries to my account with the Financial Institution indicated below. This authority is to remain in full force and effect until CheckMate has received written notification from me of its termination.

Checking Account

Savings Account

Financial Institution:

Name _____

Branch _____

City _____

State _____ Zip _____

Transit/ABA No. _____

Account Number _____

Employer Name _____

Employee Name _____

Signature _____ Date _____

ATTACH A VOIDED CHECK OR A SAVINGS DEPOSIT SLIP BELOW