



Villaire Organization

Authorization for Direct Deposit - Employee Form

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Note: Enter your company name in the blank space above.

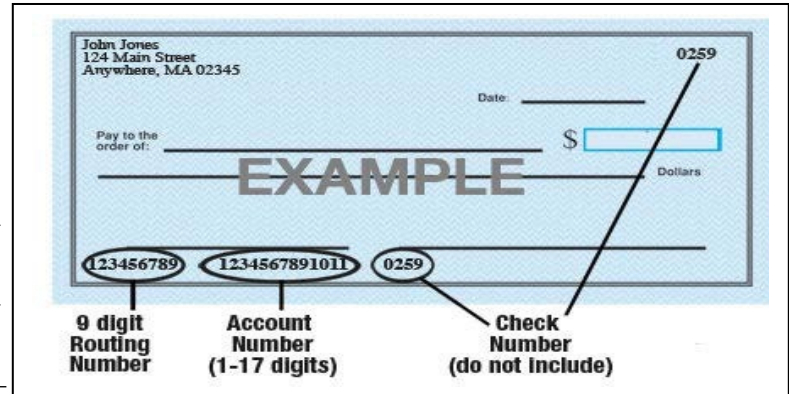
Account

Account Type (check one): Checking Savings

Employee Bank Name _____

Bank Routing # (ABA#) _____

Account # _____



Please attach a voided check for each account here.

If a voided check is not available, please include your account information from your financial institution on their printed letterhead

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature _____

Printed Name _____

Employee Last 4 Digits of Social Security # _____

Date _____

IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Employee: Please fill out and return to your employer.

Employer: Please save for your files only.