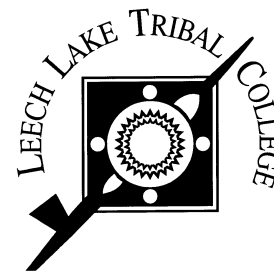


DIRECT DEPOSIT SIGN-UP FORM



PAYEE (Employee)			DEPOSITOR (Bank or Other Institution)	
Name of Payee (Last, First, Middle)			Type of Account <input type="checkbox"/> Checking* <input type="checkbox"/> Savings	Type of Deposit <input type="checkbox"/> Payroll <input type="checkbox"/> Other
Street Address (Route, PO Box)			Depositor Account Number/Routing Number	
City	State	Zip	Name of Bank	
Payroll ID (Social Security Number)			Address of Bank	

*If a checking account, please attach a BLANK VOID CHECK from your checking account to this form.

PAYEE/JOINT PAYEE CERTIFICATION

I certify that I am entitled to the payment identified above. In signing this form I authorize my payment to be sent to the financial institution named above to be deposited into the designated account.

Payee: _____
Signature Date

Joint Payee: _____
Signature Date

attach void check here