

**Exhibit (C) Authorization Agreement For Direct Deposit
(Copy, complete and sign one for each Account/Bank)**



Employer Name Federal ID #

Employer Address City State Zip

EMPLOYEE NAME _____ EMPLOYEE SS # _____

I hereby authorize (my employer), _____ hereinafter called EMPLOYER, to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to my (our) account or accounts listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name of bank, credit union or savings & loan Checking (OR) Savings (Choose One)

Routing and Transit Number Fixed Amount \$ _____ (OR)

Account Number Percent of net pay amount _____ %

This authorization is to remain in full force and effect until EMPLOYER has received written notification from me (or either of us) of its termination in such time and in such manner as to afford to EMPLOYER a reasonable opportunity to act on it.

DATE _____ SIGNATURE of Employee _____

NOTE: ALL WRITTEN CREDIT/DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE EMPLOYER IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

THIS FORM IS FOR YOUR INTERNAL USE ONLY

Use this form on your letterhead or have preprinted forms. It is the employer's responsibility to have this form completed by each employee that request direct deposit and to keep on file for two years after termination of direct deposit.