

EMPLOYEE AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

NAME: _____

ADDRESS: _____

I hereby authorize ISTA to initiate credit entries to my account(s) listed in the "Depository Institution" names below, and I authorize the Depository Institution named below to accept and to credit the amount of such entries to my account.

This authority is to remain in full force and effect until ISTA has received written notification from me of its termination in such time and in such manner as to afford ISTA a reasonable opportunity to act on it.

.SIGNED: _____

DATE _____

DEPOSITORY INSTITUTION: _____

DEPOSITORY INSTITUTION PHONE NUMBER: _____
(including area code)

TRANSIT ABA#: _____ (9 digits)

CHECKING ACCOUNT #: _____ AMOUNT TO DEPOSIT: \$ _____
Deposit Net Paycheck

SAVINGS ACCOUNT #: _____ AMOUNT TO DEPOSIT: \$ _____
Deposit Net Paycheck

You must attach a voided check to this form