



DIRECT DEPOSIT AUTHORIZATION

Name (please print) _____ Date Submitted: _____
 Social Security Number: _____ — _____ — _____ Effective Pay Date: _____

Add Change Cancel the following deposit

Name of Financial Institution: _____
 Routing #: _____ Account #: _____

Checking Savings (Please check only one)

Amount of deposit (pick one)

Net (Remainder) deposited
 Specific amount deposited \$ _____ (indicate amount)

Add Change Cancel the following deposit

Name of Financial Institution: _____
 Routing #: _____ Account #: _____

Checking Savings (Please check only one)

Amount of deposit (pick one)

Net (Remainder) deposited
 Specific amount deposited \$ _____ (indicate amount)

I authorize you, the financial institution(s) above, McComb & Company, LLC, and Intercept Corporation to make ACH deposits and adjusting entries to correct errors to my account(s) above. This authorization is to remain in full force and effect until written notification is given to your employer of its termination and in such a manner as to afford time for your employer and McComb & Company, LLC reasonable opportunity to act on it.

Signature: _____

Date: _____

PLEASE ATTACH ONE OF THE FOLLOWING FOR EACH ACCOUNT:

- VOIDED CHECK (CHECKING)
- WRITTEN STATEMENT FROM FINANCIAL INSTITUTE WITH ROUTING AND ACCOUNT NUMBER (SAVINGS)