

Authorization Agreement for Payroll Deposits

Employee Name: _____ **Date:** _____
Print Name Clearly

I hereby authorize Earnhardt Management Company to initiate credit entries to my account indicated below and the depository named below to credit the same such account, and in the event a credit is made to my account in error, I authorize Earnhardt Management Company to make a correcting entry under the condition that I am notified of said adjustment.

Note: You must attach a voided check for each account.

Depository:

Bank Name

Address

City

State

Zip

Checking

Savings

Amount to be credited: \$ _____

Banking Transit / ABA: _____

Account Number: _____

This authorization is to remain in full force and effect until EMC has received written notification from me of its termination in such time and in such manner as to afford EMC a reasonable opportunity to act on it, or I complete and sign a new Automatic Deposit Form.

Signature

Date