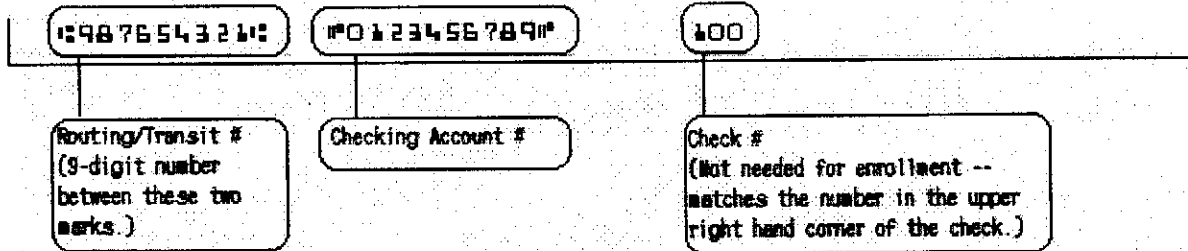


Outsource Telecom/Outsource Medical Direct Deposit Enrollment Form

To enroll in Direct Deposit, complete this form and submit it to your branch office. Attach a voided check for each checking account – **not a deposit slip**. If depositing to a savings account, or if you do not have checks, ask your bank for an official direct deposit form or print out that includes your routing/transit number and your account number.

Below is a sample check MICR line, detailing where the information needed to complete this form can be found.



Please read and sign before completing:

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____

Employee Signature: _____ Date: _____

Account Information

Be sure to indicate what type of account, along with amount to be deposited if less than your total net paycheck.

Bank Name _____ City & State _____
 Routing/Transit # _____ Account # _____
 Checking Savings Other (loan) \$ Amt to Deposit: _____ or Entire Net

Bank Name _____ City & State _____
 Routing/Transit # _____ Account # _____
 Checking Savings Other (loan) \$ Amt to Deposit: _____ or Entire Net

Bank Name _____ City & State _____
 Routing/Transit # _____ Account # _____
 Checking Savings Other (loan) \$ Amt to Deposit: _____ or Entire Net