



AUTHORIZATION FOR DIRECT DEPOSIT

Company Tax ID: 94-2248359
Company Address: 655 Willowside Road, Santa Rosa, CA 95401

New Deposit Change Info Cancel

I hereby authorize the above listed "Company" and its payroll processor, IBS, to deposit any amounts owed me by initiating credit entries to my account at the financial institution indicated below. Further, I authorize the Financial Institution to accept any debit entries indicated by "Company" or IBS for erroneous amounts previously credited. I authorize "Company" or IBS to debit my account for an amount not to exceed the original amount of the erroneous credit.

Financial Institution:

Financial Institution 9-digit Routing #:

Account #:

Checking: Amount: Entire Net Pay: Effective Date:

Savings: Amount: Entire Net Pay: Effective Date:

Expiration Date (If desired):

Prenote*: Yes No

*Prenoting a direct deposit allows the bank to verify the name on the account, account number and the status of the account. Prenoting is not required, but RECOMMENDED.

NOTE: Prenoting will delay the start of your Direct Deposit by one pay period.

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

Employee Signature

Date

Full Name (Please Print)

PLEASE ATTACH VOIDED CHECK