

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS PLEASE PRINT IN BLACK/BLUE INK ONLY CLEARLY

Type of Account: Checking Savings Accountholder's Name:

Routing/Transit Number:

Checking/Savings Account Number**:

Financial Institution ("Bank") Name:

Type of Account: Checking Savings Accountholder's Name:

Routing/Transit Number:

Checking/Savings Account Number**

Financial Institution ("Bank") Name

COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS – PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY

Type of Account: Checking Savings Accountholder's Name:

Routing/Transit Number

Checking/Savings Account Number**

Financial Institution ("Bank") Name

PLEASE SIGN IN BLACK/BLUE INK ONLY

I authorize American Fiber Kings LLC to deposit my earnings into the bank account(s) specified above and, if necessary, to electronically debit my account to correct erroneous entries. I certify my account(s) allow these transactions. Furthermore, I certify that the above listed account number accurately reflects my intended receiving account. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer/company to make direct deposits into the named account.

SIGNATURE: _____ DATE: _____

