



Gulf Coast Aquatics, Inc.

Employee Direct Deposit Authorization Form

Bank Name: _____

Account Type: Checking Savings

Bank Routing number (ABA number): _____

Account Number: _____

Email Address (for pay stubs): _____

Authorization:

This authorizes Gulf Coast Aquatics, Inc. to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all the applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorize signature: _____

Print Name: _____ Date: _____