

AUTHORIZATION FOR DIRECT DEPOSIT FOR PAYROLL

New Direct Deposit Modification Cancel Service

I (We) authorize ***Western Laboratories, Inc.*** to electronically credit my (our) account (and if necessary, electronically debit my (our) account to correct erroneous credits) as follows:

(Select one of the following)

Checking Account Savings Account at the depository financial institution named below. I (We) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name (Bank Name) _____

Routing Number _____ Account Number _____

I (We) understand that this authorization will remain in full force and effect until I (we) notify ***Western Laboratories, Inc.*** in writing that I (we) wish to revoke this authorization. I (We) understand that ***Western Laboratories, Inc.*** requires at least 5-business days prior notice in order to cancel this authorization.

Name(s) _____
(Please Print)

Date _____ Signature(s) _____