

Authorization for Direct Deposit

This form authorizes LifeStyles Stores, Inc. to send credit entries (and any appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account indicated below. This authorizes the financial institution holding the Account to post all such entries.

My Bank Account Information:

Account Type: Checking _____ Savings _____

Bank Name: _____

City, State: _____

Routing No.: _____

Account No.: _____

This authorization will be in effect until LifeStyles Stores, Inc. receives a written termination notice from me and has a reasonable opportunity to act on it.

Please e-mail my payroll stubs to:

E-mail: _____

Signature: _____

Name: _____

Date: _____