



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

For employees establishing or updating electronic disbursement of payment.

I hereby authorize my employer, LABBB Collaborative (hereinafter LABBB) to deposit any amounts owed to me by initiating credit entries to my account at the financial institution indicated below (hereinafter BANK). Furthermore, I authorize BANK to accept and to credit any credit entries indicated by LABBB to my account. In the event that LABBB deposits funds erroneously into my account, I authorize LABBB to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Name (please print): _____

- I am a new employee authorizing LABBB to establish my direct deposit as noted below.
- I am current employee authorizing LABBB to change my direct deposit from the current distribution to a new distribution as noted below.

Account One:

Bank Name (please print): _____

Account 1: I wish to deposit: (amount) \$ _____ (or) entire net pay
 Checking Savings

Routing Number: _____ Account Number: _____

Account Two:

Bank Name (please print): _____

Account 1: I wish to deposit: (amount) \$ _____ (or) entire net pay
 Checking Savings

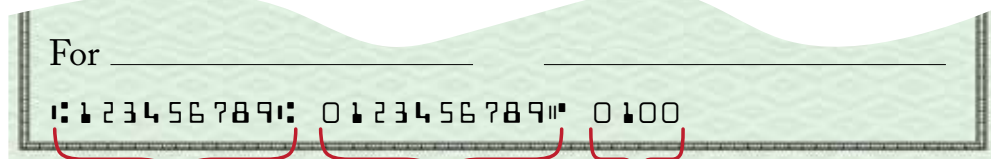
Routing Number: _____ Account Number: _____

Authorizing Signature:

This authorization is to remain in full force and effect until LABBB and BANK have received written notice from me of its termination in such time and in such manner as to afford LABBB and BANK a reasonable opportunity to act on it.

Employee Signature: _____ Date _____

(A voided check or bank letter with your routing number and account number is required.)



Routing/Transit #
(a 9-digit # always between these two marks)

Checking Account #

Check #
(matches # in upper right hand of the check is not needed here)