



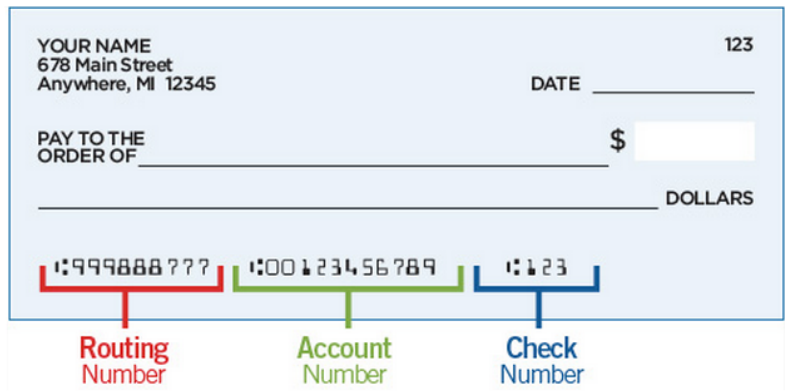
Employee Direct Deposit Authorization Form

Please print and complete all information below.

Name _____

Address _____

City, State, Zip _____



Please attach a voided check for each bank account to which funds should be deposited.

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ _____ % or Entire Paycheck

Type of Account: Checking Savings (Circle One)

Mitech Partners is hereby authorized to directly deposit my paycheck to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____

Date: _____