

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

EMPLOYEE NAME: _____

I (we) hereby authorize UNIVERSAL SELECT INC. to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our), <>Checking <>Savings account indicated below and the financial institution named below, to debit and/or credit the same to such account.

Attach a voided check or a form from your Financial Institution. If a voided check or bank form is not provided, Universal Select will initiate a prenote transaction to verify the employee's bank account information before direct deposit can be activated. During this period, a live check will be issued for payroll and mailed to the client's address.

FINANCIAL

INSTITUTION#1: _____ ROUTING NUMBER: _____

CHECKING ACCT# _____ SAVINGS ACCT# _____

SPECIFY AMOUNT/PERCENTAGE TO BE DEPOSITED: _____

FINANCIAL

INSTITUTION#2: _____ ROUTING NUMBER: _____

CHECKING ACCT# _____ SAVINGS ACCT# _____

SPECIFY AMOUNT/PERCENTAGE TO BE DEPOSITED: _____

This authority is to remain in full force and effective until Universal Select, Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Universal Select Inc. and the financial institution named above a reasonable opportunity to act on it.

NAME (S*): _____

DATE: _____ SIGNATURE: x _____