



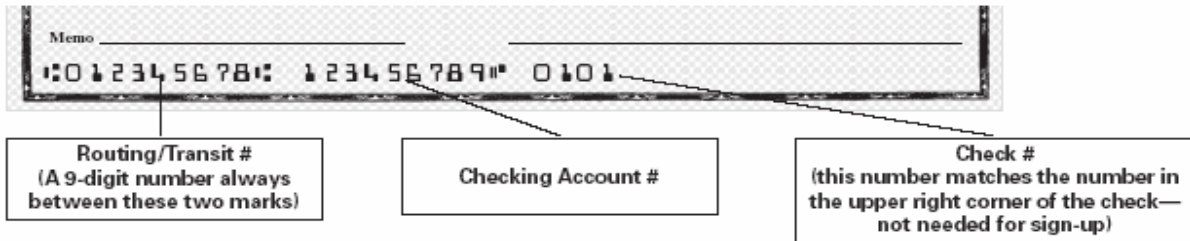
EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE IDENTIFICATION

Name	Home Phone Number
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FINANCIAL INSTITUTION

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck. *Note: If selecting more than one account one of the accounts must be designated as the net amount.*

Primary Account * All Non Payroll reimbursements will be deposited into your primary account

Financial Institution Name	City	State	Percentage or Net Amount
Routing / Transfer Number (9 digits only)	Account Number		Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Secondary Account

Financial Institution Name	City	State	Percentage or Net Amount
Routing / Transfer Number (9 digits only)	Account Number		Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Additional Account

Financial Institution Name	City	State	Percentage or Net Amount
Routing / Transfer Number (9 digits only)	Account Number		Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings

AUTHORIZATION

I authorize TDB Communications, Inc and its payroll provider to deposit by electronic transfer payments owed to me and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. TDB Communications, Inc. and its payroll provider shall deposit the payments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

I authorize consent to and agree to comply with the National Clearing House Association Rules and Regulations about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repeated.

Authorized Signature _____ Date _____