

EMPLOYEE DIRECT PAYROLL DEPOSIT ELECTION FORM

Please complete, sign, date and return form and attach a voided or cancelled check from your banking institution.

PLEASE DEPOSIT MY PAYROLL FUNDS DIRECTLY INTO THE ACCOUNT AT THE BANKING INSTITUTION INDICATED BELOW AND APPEARING ON THE ATTACHED VOIDED/CANCELLED CHECK.

AUTHORIZATION AGREEMENT FOR DIRECT PAYROLL DEPOSITS

Company Name: AEROPRES CORPORATION

I hereby authorize Aeropres Corporation, to initiate credit entries to my Checking or Savings Account at the financial institution listed below.

Banking Institution: _____

City: _____ State: _____

Employee Name: _____ Location: _____
(Please print)

Signature: _____ Date: _____

**NOTE: I UNDERSTAND I WILL NOT RECEIVE A PAYROLL CHECK.
PLEASE MAIL A CHECK STUB TO ME AT THE FOLLOWING ADDRESS:**

Name: _____

Mailing Address: _____

City, State & Zip: _____

(PLEASE ENCLOSE A COPY OF YOUR VOIDED/CANCELLED CHECK)