



DIRECT DEPOSIT AUTHORIZATION

Employee: _____

Social Security Number: _____ - _____ - _____

Bank Name and Branch: _____

City: _____ State: _____ Zip: _____

Account No.: _____

Transit/ ABA No.: _____

I hereby request the deposit of my entire net payroll check into the above-named bank account each pay period. I authorize ENSCICON Corporation to withdraw any funds deposited in error into my account.

I hereby cancel the authorization for direct deposit or payroll deduction deposit previously submitted.

This authority is to remain in full force and effect until ENSCICON Corporation has received written notification from me of its termination in such time and in such manner as to afford ENSCICON and Depository a reasonable opportunity to act on it.

Employee

Date

Please attach a copy of voided check.