

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Employer Name: _____

Participant Name: _____

Participant Social Security #: _____

I hereby authorize Gilsbar, LLC. to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Gilsbar, LLC. to my account. In the event that Gilsbar, LLC. deposits funds erroneously into my account, I authorize Gilsbar, LLC. to debit my account for an amount not to exceed the original amount of the erroneous credit.

Bank Name: _____

City: _____ State: _____ Zip: _____

Transit/ABA #: _____ Account #: _____

(Please provide the Transit/ABA number that is on your check, not on the deposit slip.)

Checking

Savings

This authorization is to remain in full force and effect until Gilsbar, LLC. has received written notification from me of its termination in such time and in such manner as to afford Gilsbar, LLC. and the Bank a reasonable opportunity to act on it.

Signature: _____ Date: _____

Please return your completed form to Gilsbar, LLC.

Memo _____

AUTHORIZED SIGNATURE

⑆ 123456789⑆ 123456789⑆ 0101

Transit/ABA #
(A 9 digit number always between
these two marks)

Checking Account #