

The Metropolitan Companies, Inc.  
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)  
Please complete for Direct Deposit

Employee Name: \_\_\_\_\_  
(Please print this information)

I hereby authorize The Metropolitan Companies Inc. hereinafter called COMPANY, to automatically deposit funds to my (select one)

- Checking Account  
or  
 Savings Account

As identified below and the FINANCIAL INSTITUTION named below to accept such deposits initiated by the COMPANY. In the event of an incorrect amount or entry, I authorize the COMPANY to reverse this transaction.

FINANCIAL INSTITUTION : \_\_\_\_\_

TRANSIT ROUTING/  
ABA NUMBER \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act upon it or as otherwise provided by law.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Please Attach Voided Check here

IF YOU DO NOT HAVE A CHECKING ACCOUNT YOU MUST SUBMIT A LETTER FROM THE BANK ON BANK STATIONARY STATING ROUTE NUMBER AND ACCOUNT NUMBER SIGNED BY A BRANCH REPRESENTATIVE.