

The Metropolitan Companies, Inc.
110 East 42ND Street, 16th Floor New York, NY 10017
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

Employee Name: _____
(Please print this information)

Last 4 digits of Social#: _____

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

Checking Account

Savings Account

NOTE ALL PRE-NOTE CHECKS WILL BE MAILED TO THE ADDRESS ON FILE UNTIL DIRECT DEPOSIT TAKES EFFECT.**

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 or its termination in such time and 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 **Void Check** here

IF DO NOT HAVE CHECKS, ATTACH BANK LETTER HEAD WITH ACCT INFORMATION

Note: Direct deposit takes up to two pay periods to activate and up to 48 hours from (pay date) to go into you account.