



EGS, Inc.

Empowered Global Solutions

Direct Deposit Authorization

Directions — To sign up for Direct Deposit, fill out Section 1. Then take this form to your financial institution. They must verify the information in Section 1 and complete Section 2. The completed form must be returned to EGS, Inc. before Direct Deposit can be initiated.

Section 1:

Name: _____ Soc. Sec. Number: _____

Address: _____ Apartment Number: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____

I hereby authorize EGS, Inc. to deposit funds into the account indicated below. I also authorize EGS, Inc., if necessary, to withdraw funds from the account below to correct any errors. This authority is to remain in full force and effective until EGS, Inc. receives written notice from me to terminate the direct deposit, allowing a reasonable amount of time for EGS, Inc. and the financial institution to act. I accept responsibility for notifying EGS, Inc. of any change to my account's status. I also understand that changes will take three (3) weeks and that regular (paper) checks will be distributed during this three-week period.

Funds can only be deposited into one account, checking or savings. Please select your direct deposit account type:

Checking or **Savings**

Associate Signature

Date

EGS, Inc. Representative Signature

Date

Office Number

Section 2: (This section MUST be filled out by your financial institution.)

Bank (Financial Institution):

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Please enter account numbers **EXACTLY** as they need to appear.

Receiver's Account Number: _____

Receiver's 9-Digit Routing Number: _____

Bank Representative Name

Signature

Date

Bank representative's signature required for processing.