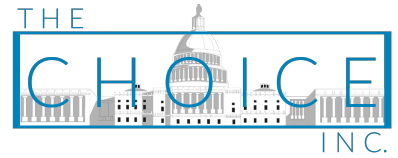


Office use only:

Date Entered: ____/____/____

Step 1 ____

Step 2 ____



DIRECT DEPOSIT AUTHORIZATION FORM

PLEASE FILL OUT FORM BELOW WITH COMPLETE BANKING INFORMATION,
ATTACH YOUR VOIDED CHECK ON TOP OF SAMPLE BELOW
& FAX, E-MAIL OR BRING TO MAIN OFFICE.

NAME _____ ADDRESS _____ CITY, STATE ZIP _____ 0123
01-23456789

DATE _____

PAY TO THE ORDER OF **VOID** \$ XXXXXXXX

BANK NAME _____ ADDRESS _____ CITY, STATE ZIP _____ DOLLARS

FOR _____

⑆012345678⑆ 01234567890123⑆ 0123

Routing Number Account Number

DIRECT DEPOSIT TAKES APPROXIMATELY 11 DAYS AFTER RECEIPT OF THE AUTHORIZATION FORM, IF NO VOIDED CHECK IS INCLUDED IT MAY TAKE LONGER, PLEASE SUBMIT A COMPLETE FORM TO INSURE PROMPT SERVICE.

DIRECT DEPOSIT AUTHORIZATION

PLEASE FILL OUT AND RETURN TO PAYROLL DEPARTMENT WITH VOIDED CHECK!

FAX: 202-408-8586
E-MAIL: HR@thechoiceinc.com

I authorize you and the bank listed below to deposit my net pay automatically to my account each payday. If funds to which I am not entitled are deposited to my account, I authorize you to direct the bank to return said funds. This authority will remain in effect until I have cancelled it in writing.

NAME: _____

ROUTING # _____ ACCOUNT # _____

BANK: _____ ACCOUNT TYPE: CHECKING SAVINGS

SIGNATURE: _____ DATE: ____/____/____