



Direct Deposit Authorization Form

I authorize Saligram Systems Inc_(hereafter referred to as "Company") to direct deposit funds to my account with the financial institution listed below. If funds to which I am not entitled are deposited in my account, I authorize the initiation of a correction (debit) entry electronically or by any other commercially accepted method. I understand that the authorization may be rejected or discontinued at any time. If any of the below information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to you for distribution.

Check one of the following: Start Stop Changing Account Adding an Account
Effective Date: As Soon As Possible Future Pay date: _____ / _____ / _____

Account # - (Type of Account: lease check one) Checking (voided check only, deposits slip are not accepted) Savings (deposit slip only)

Financial Institution Name
(NAME OF BANK)

City: _____ State: _____ Zip: _____ Phone: _____

ABA Bank Routing Number (must be 9 numbers) **Account Number (not to exceed 17 numbers)**
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(Enter the above information from the bottom of your check or savings deposit slip, do not include the check number)

In order to sign up for Direct Deposit you must attach a copy of a personal check or deposit slip. For security reasons we recommend that the check is Voided.

Please attach a voided check for the bank account to which funds will be deposited

This authorization will be in effect until the "Company" receives a written termination notice from the employee below:

Employee Signature

Date

Name

I (the "Employee") understand that by submitting this form means my entire payroll check will be deposited into the above institution

The above "Employee" is required to sign this form to active direct deposit of their paychecks. Direct Deposit will start after two pay periods once received in the office.

Saligram Systems Inc