

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT SERVICE

COMPANY NAME MANAGED RESOURCES, INC.

COMPANY IDENTIFICATION NUMBER

AUTOMATIC DEPOSITS

Entire Paycheck

Other Amount: \$ _____

I (we) hereby authorize **MANAGED RESOURCES, INC.**, hereinafter called **COMPANY**, to initiate credit entries and to initiate, if necessary, debt entries and adjustments for any credit entries in error to my/our:

Select One: **CHECKING** account **SAVINGS** account

indicated below and the depository institution named below, hereinafter called **DEPOSITORY**, to credit and/or debit the same to such amount.

DEPOSITORY NAME	BRANCH	
CITY	STATE	ZIP CODE
TRANSIT/ABA NUMBER	ACCOUNT NUMBER	

This authority is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

PRINT NAME	SOCIAL SECURITY NUMBER
DATE	SIGNATURE

ATTACH VOIDED CHECK TO THIS FORM