UnitedTalent

Authorization Agreement for Automatic Payroll Deposit

I hereby authorize UNITED TALENT LLC to initiate credit entries to my account identified below in the bank named below and authorize the bank to credit the same to my account.

This authority is to remain in effect until revoked by me in writing or by termination of my employment with UNITED TALENT LLC.

Account #: _____ . Bank Routing #:_____

Type of Account: [ ] Checking [ ] Savings

Bank Name: (print) _____

City: _____ State: _____

[XXX] This is for Total Pay 100%

Social Security Number: _____

Signature: _____ Date: _____

Note:

For CHECKING accounts: ATTACH A VOIDED CHECK or COPY

For SAVINGS accounts: YOU MUST CALL BANK TO VERIFY CORRECT ROUTING NUMBERS AND ACCOUNT NUMBERS

*** CAUTION! *** *Savings deposit slip may have invalid routing numbers.*

If you would like to sign up for direct deposit please fax this completed form along with a copy of a voided check to **(304) 556-1198**.

Direct deposits may take two or three weeks to begin depending on when the information is received into Payroll department. Please call **(304) 556-1195** with any questions.