



Authorization of Direct Deposit

The undersigned (hereafter referred to as the "employee") hereby authorizes and requests PAYCOM to make deposits from time to time in the account(s) identified below and authorizes the bank to accept such deposits. It is agreed that these deposits may be made electronically and under the Rules of the National Automated Clearing House Association. It is agreed that PAYCOM is only responsible for direct deposit of funds that have previously been received from CMG hereafter referred to as the "employer".

Attach a voided check, copy of a check, or spec sheet for each account. Indicate whether it is a checking or saving account. (No deposit slips)

1. Call your bank and confirm the **ACH Routing Number(s)** and Account numbers for **Checking and/or Savings**
2. Complete and Sign the form

Main Account (Net Pay) - **Checking** or Savings Account (circle one)

Acct # 501-451-5

ACH Routing # / 0 / 7 / 5 / 9 / 0 / 7 / 4 / 9 / 7 /

Bank Name First State Bank

Additional Account - **Checking** or **Savings** Account (circle one)

Acct # 1673389 Dollar Amount 80% of NET

ACH Routing # / 0 / 7 / 5 / 9 / 0 / 7 / 4 / 9 / 7 /

Bank Name First State Bank

~~Additional Account - Checking or Savings Account (circle one)~~

~~Acct # _____ Dollar Amount _____~~

~~ACH Routing # / / / / / / / / / / /~~

~~Bank Name _____~~

~~Additional Account - Checking or Savings Account (circle one)~~

~~Acct # _____ Dollar Amount _____~~

~~ACH Routing # / / / / / / / / / / /~~

~~Bank Name _____~~

~~Additional Account - Checking or Savings Account (circle one)~~

~~Acct # _____ Dollar Amount _____~~

~~ACH Routing # / / / / / / / / / / /~~

~~Bank Name _____~~

Employee Name Mark S. Kraehenbuehl SS# 158 / 58 / 1051

Address N8280 Swamp Road City Manawa State NJ Zip 54949

Employee Signature Mark S. Kraehenbuehl
Mark S. Kraehenbuehl