

MEDIA DATA SERVICES INC.
DIRECT DEPOSIT AUTHORIZATION AGREEMENT

(CO. NAME) _____EMPLOYEE NO. _____

I hereby authorize (Company Name), hereafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereafter called DEPOSITORY, to credit and debit the same entries to such account.

Bank
DEPOSITORY NAME: _____

CITY: _____STATE: _____ZIP: _____

BANK TRANSIT NO: _____ACCOUNT NO. _____

CHECKING? _____SAVINGS? _____

This authority is to remain in full force and effect until COMPANY has received written notification from me on its termination in such time and in such manner as to afford COMPANY a reasonable time to act on it.

NAME: (print) _____S.S.N. _____

SIGNATURE: _____DATE: _____

CO-SIGNATURE (IF JOINT ACCOUNT): _____
DATE: _____

NOTE: Attach a voided blank check or copy of a check to validate account information.

(FOR CHECKING)

ATTACH VOIDED BLANK CHECK OR COPY OF CHECK HERE

Jane A. Doe
1000 Main Street
Anywhere, U.S.A. 10001

_____20_____

Pay to the order of _____ \$ _____
_____Dollars

Memo _____

Transit No.

Account No.

Check No.