



DIRECT DEPOSIT AGREEMENT FORM

I HEREBY AUTHORIZE TOWER LEGAL STAFFING, INC. TO INITIATE AUTOMATIC DEPOSITS TO MY ACCOUNT AT THE FINANCIAL INSTITUTION NAMED BELOW. I ALSO AUTHORIZE TOWER LEGAL STAFFING, INC. OR ITS DESIGNATED AGENT TO MAKE WITHDRAWALS FROM THIS ACCOUNT IN THE EVENT THAT CREDIT ENTRY IS MADE IN ERROR.

FURTHER, I AGREE NOT TO HOLD TOWER LEGAL STAFFING, INC. RESPONSIBLE FOR ANY DELAY OR LOSS OF FUNDS DUE TO INCORRECT OR INCOMPLETE INFORMATION SUPPLIED BY ME OR MY FINANCIAL INSTITUTION, OR DUE TO AN ERROR ON THE PART OF MY FINANCIAL INSTITUTION IN DEPOSITING FUNDS TO MY ACCOUNT.

THIS AGREEMENT WILL REMAIN IN EFFECT UNTIL TOWER LEGAL STAFFING, INC. RECEIVES A WRITTEN NOTICE OF CANCELLATION FROM ME OR MY FINANCIAL INSTITUTION, OR UNTIL I SUBMIT A NEW DIRECT DEPOSIT FORM TO THE PAYROLL DEPARTMENT.

NAME AS IT APPEARS ON YOUR ACCOUNT: _____

NAME OF FINANCIAL INSTITUTION: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____ CHECKING SAVINGS

AUTHORIZED SIGNATURE (PRIMARY): _____ DATE: _____

AUTHORIZED SIGNATURE (JOINT): _____ DATE: _____

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP AND RETURN THIS FORM TO THE PAYROLL DEPARTMENT.