



Authorization for Direct Deposits - Employee Form

This authorizes ABS Financial Services, Inc. and its subsidiaries to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Account:

ACCOUNT TYPE:

(e.g. Checking or Savings) _____

BANK NAME: _____

BRANCH : _____

CITY, STATE _____

ACCOUNT NUMBER: _____

BANK ROUTING
NUMBER: _____

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

SIGNATURE

PRINTED NAME

Social Security #

DATE