

Employee Direct Deposit Authorization

Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

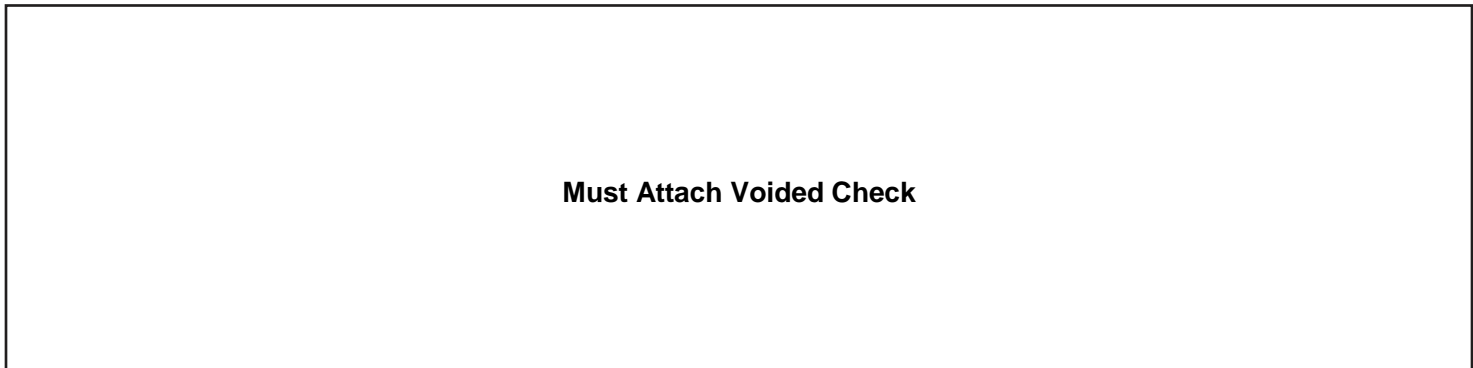
This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do **not** send this form to Intuit.

BANK: _____

Account number: _____

Account Type: Checking Savings

Bank routing number: _____



Authorization (enter your company name in the blank space below) _____

This authorizes Paraclete Sky Adventures, LLC (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) 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. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. 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.

Authorized signature: _____

Print name: _____ Date: _____

Employee Contact Information:

Email: _____

Phone Number: _____

