

# Authorization for Direct Deposit

This Authorizes SUASL 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.

Account #1

Account #1 Type (circle one)    Checking    Savings

---

Bank Name

---

Bank Routing #

---

Account #

Please attach a voided check for the account here

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

---

Signature

---

Printed Name

---

Date