# NEW HORIZONS REGIONAL EDUCATION CENTERS

## DIRECT DEPOSIT

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

NEW HORIZONS REGIONAL EDUCATION CENTER  Company ID Number: 54-0974022

I hereby authorize New Horizons and the Financial Institution(s) named below, hereinafter called “Depository” to initiate deposits and to correct, if necessary, debit entries and adjustments for any deposit in error to my checking/savings account indicated below:

<table>
<thead>
<tr>
<th>Main Direct Deposit Account (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your net check will be direct deposited into this account</strong></td>
</tr>
<tr>
<td>Bank/Credit Union Name ____________________________</td>
</tr>
<tr>
<td>City___________________ State____________________ Zip Code___________________</td>
</tr>
</tbody>
</table>

For transit/ABA number and account number, please attach either voided check, credit union form, or your savings deposit slip with your routing number on it.

This authority is to remain in full force and effect until New Horizons Regional Education Center has received written notification from me of its termination in such time and in such manner as to afford New Horizons Regional Education Center and “Depository” a reasonable opportunity to act on it.

Type of Account ___ Checking ______ Savings

<table>
<thead>
<tr>
<th>Additional Direct Deposit Account (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Please indicate the specific amount you would like deposited:</strong> $______________</td>
</tr>
<tr>
<td>Bank/Credit Union Name ____________________________</td>
</tr>
<tr>
<td>City___________________ State____________________ Zip Code___________________</td>
</tr>
</tbody>
</table>

For transit/ABA number and account number, please attach either voided check, credit union form, or your savings deposit slip with your routing number on it.

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Type of Account ___ Checking ______ Savings
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AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

NEW HORIZONS REGIONAL EDUCATION CENTER   Company ID Number:  54-0974022

Additional Direct Deposit Account (3)

Please indicate the specific amount you would like deposited: $______________

Bank/Credit Union Name_____________________________________________________

City_______________________State____________________ Zip Code___________________

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Type of Account ___Checking ______Savings

*If this is a new account or you are a new employee signing up for direct deposit, your first
paycheck will be a live (actual) paper check, and every check after that will be deposited
into your bank account. ALL LIVE (ACTUAL) PAPER CHECKS ARE MAILED ON PAYDAY*

Signed___________________________________       Date__________________________

Print Name___________________________________

If you have an account with a credit union, YOU must get a form from
your credit union for each account that you have listed above and
attach it to this form.

If you already have direct deposit you DO NOT have to fill out a new
form unless you are changing banks.

Attach Voided Check(s) Here