

V.I.PAY, INC.

EMPLOYEE AUTHORIZATION FOR DIRECT DEPOSIT OF PAY

EMPLOYER NAME C Q Future Inc.

EMPLOYEE NAME _____

EMPLOYEE IDENTIFICATION NUMBER _____

1 NAME OF FINANCIAL INSTITUTION _____
TRANSIT ROUTING NUMBER* _____
ACCOUNT NUMBER _____

AMOUNT TO BE DEPOSITED ALL DOLLAR AMOUNT \$ _____

THIS IS A: CHECKING ACCOUNT SAVINGS ACCOUNT

2 NAME OF FINANCIAL INSTITUTION _____
TRANSIT ROUTING NUMBER* _____
ACCOUNT NUMBER _____

AMOUNT TO BE DEPOSITED ALL DOLLAR AMOUNT \$ _____

THIS IS A: CHECKING ACCOUNT SAVINGS ACCOUNT

3 NAME OF FINANCIAL INSTITUTION _____
TRANSIT ROUTING NUMBER* _____
ACCOUNT NUMBER _____

AMOUNT TO BE DEPOSITED ALL DOLLAR AMOUNT \$ _____

THIS IS A: CHECKING ACCOUNT SAVINGS ACCOUNT

4 NAME OF FINANCIAL INSTITUTION _____
TRANSIT ROUTING NUMBER* _____
ACCOUNT NUMBER _____

AMOUNT TO BE DEPOSITED ALL DOLLAR AMOUNT \$ _____

THIS IS A: CHECKING ACCOUNT SAVINGS ACCOUNT

**It is suggested employee provide a copy of a deposit ticket or voided check for each of the accounts listed above.*

I authorize V.I.Pay and the financial instituion(s) listed above to automatically deposit my pay as directed each payday effective immediately. Adjusting entries to correct errors are also authorized. This authority shall remain in effect until I have canceled it in writing

Signature of Employee _____ Date _____

EMPLOYEE EMAIL FOR CHECK STUB _____