

Vickers' Lakeside Tavern's Direct Deposit Authorization Form

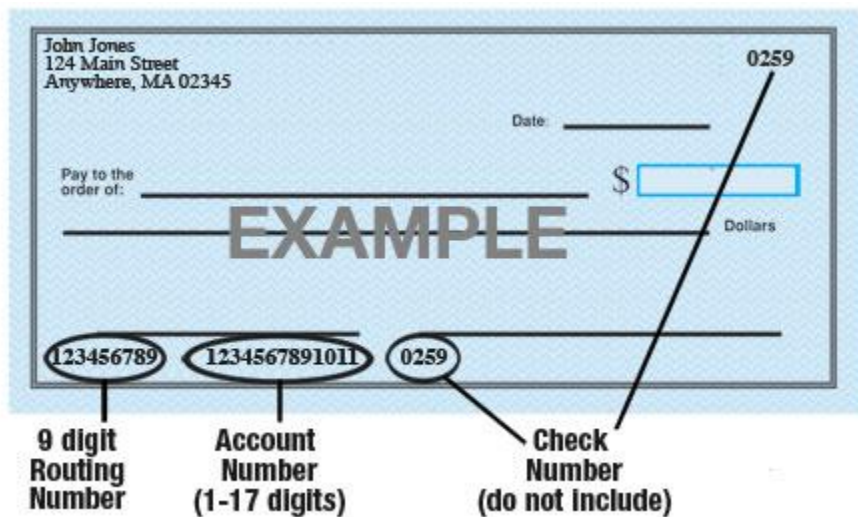
Date: _____

Please print and complete ALL the information below.

Your Name: _____

Your Street Address: _____

Your City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ _____% or Entire Paycheck

Type of Account You want Your Check Deposited In: Checking Savings

JBP 01 LLC, DBA: Vickers' Lakeside Tavern is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____