

Authorization Agreement for Direct Deposit

(Ref. Work Instruction 02.04.01.12.01)

COMPANY NAME: CNS Consolidated Nuclear Security, LLC

If choosing more than one account deposit option, enter the fixed amount to be deposited into each account. Only one account will be setup as 100% of net pay . Only changes to the Accounts listed and authorized below will be processed; all other accounts will remain the same.

Account #1

Action Requested <input checked="" type="checkbox"/> (Please Select One of The Following) <input type="checkbox"/> NEW ACCOUNT <input type="checkbox"/> CANCEL ACCOUNT <input type="checkbox"/> CHANGE DEPOSIT AMT If new account, please attach Voided Check.	Account Type <input checked="" type="checkbox"/> (Please Select One of The Following) <input type="checkbox"/> CHECKING ACCOUNT or <input type="checkbox"/> SAVINGS ACCOUNT
BANK NAME: _____ CITY, STATE: _____	<input checked="" type="checkbox"/> MUST SELECT ONE OPTION BELOW <input type="checkbox"/> 100% of net pay into this account <input type="checkbox"/> Fixed Amount of: \$ _____
TRANSIT/ABA NO. <Bank Routing No. for Electronic Deposits _____ <small>(1st nine digits on lower left hand side of personal check for checking accounts)</small>	ACCOUNT NO. _____

Account #2

Action Requested <input checked="" type="checkbox"/> (Please Select One of The Following) <input type="checkbox"/> NEW ACCOUNT <input type="checkbox"/> CANCEL ACCOUNT <input type="checkbox"/> CHANGE DEPOSIT AMT If new account, please attach Voided Check.	Account Type <input checked="" type="checkbox"/> (Please Select One of The Following) <input type="checkbox"/> CHECKING ACCOUNT or <input type="checkbox"/> SAVINGS ACCOUNT
BANK NAME: _____ CITY, STATE: _____	<input checked="" type="checkbox"/> MUST SELECT ONE OPTION BELOW <input type="checkbox"/> 100% of net pay into this account <input type="checkbox"/> Fixed Amount of: \$ _____
TRANSIT/ABA NO. <Bank Routing No. for Electronic Deposits _____ <small>(1st nine digits on lower left hand side of personal check for checking accounts)</small>	ACCOUNT NO. _____

Account #3

Action Requested <input checked="" type="checkbox"/> (Please Select One of The Following) <input type="checkbox"/> NEW ACCOUNT <input type="checkbox"/> CANCEL ACCOUNT <input type="checkbox"/> CHANGE DEPOSIT AMT If new account, please attach Voided Check.	Account Type <input checked="" type="checkbox"/> (Please Select One of The Following) <input type="checkbox"/> CHECKING ACCOUNT or <input type="checkbox"/> SAVINGS ACCOUNT
BANK NAME: _____ CITY, STATE: _____	<input checked="" type="checkbox"/> MUST SELECT ONE OPTION BELOW <input type="checkbox"/> 100% of net pay into this account <input type="checkbox"/> Fixed Amount of: \$ _____
TRANSIT/ABA NO. <Bank Routing No. for Electronic Deposits _____ <small>(1st nine digits on lower left hand side of personal check for checking accounts)</small>	ACCOUNT NO. _____

I authorize the company and my financial institution to automatically deposit my net earnings via electronic transfer each pay period. If funds are deposited to my account(s) that I am not entitled to, I authorize the company and my financial institution to reverse any payments made in error and return those funds to the company. This authorization will be in effect until I provide the company payroll office with written notification of termination. I understand that changes made pursuant to this authorization or its termination will be effective as soon as is administratively practicable following receipt by the company payroll office. I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform the company immediately.

EMPLOYEE NAME: _____	BADGE NO. _____
EMPLOYEE SIGNATURE: _____	DATE: _____

Submit to Payroll Office: 12-138U
 Fax Form to Payroll Office: x7787

Payroll Use Only
Date Entered: _____
Pay Run ID: _____
Entered by: _____