LIFE PATTERNS, INC.

3300 SW 29TH STREET, SUITE 100 TOPEKA, KS 66614 101 W MEXITLI MONTEZUMA, KS 67867

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL

(This form is to be completed by <u>ALL</u> employees of Life Patterns, Inc.)

I hereby authorize LIFE PATTERNS, INC., hereinafter called COMPANY, to initiate credit entries to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Recipient's Name:		
Recipient's Address:		
City:	State:	Zip:
Email Address:		
Last four digits Social Security	Number xxx-xx	
<u>Primary Account</u>		
Account Type: (Check one) Check		/roll Card Payroll Card to be supplied by Life Patterns, Inc.)
Recipient's Account Number:		
Recipient's Bank Routing Number	er:	
(Employees using a Payroll Card will be so	ent this information. Life Patterns will co	mplete the above account and routing numbers.)
and routing number along v Card, please send a copy of	vith this completed form. If a your driver's license <u>and</u> soc	n your bank with your account an employee checks a Payroll ial security card to Life Patterns Core First Bank will issue the
	main in full force and effect until COMPAI nd in such manner as to afford COMPANY on it.	NY has received written notification and DEPOSITORY a reasonable opportunity to ac
SIGNATURE		DATE