

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 ALL 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-____

Primary Account

Account Type: (Check one) *Checking* _____ *Savings* _____ *Payroll Card* _____
(Payroll Card to be supplied by Life Patterns, Inc.)

Recipient's Account Number: _____

Recipient's Bank Routing Number: _____

(Employees using a Payroll Card will be sent this information. Life Patterns will complete the above account and routing numbers.)

Please attach a copy of a voided check or a letter from your bank with your account and routing number along with this completed form. If an employee checks a Payroll Card, please send a copy of your driver's license and social security card to Life Patterns along with this form. Upon receipt of this form and ID's, Core First Bank will issue the payroll card.

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

SIGNATURE _____

DATE _____

NOTE: ALL WRITTEN AUTHORIZATIONS **MUST** PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.