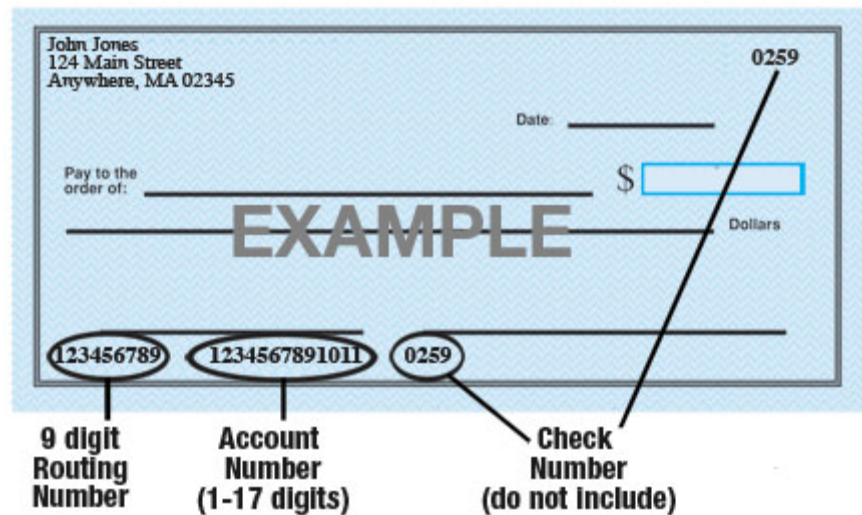


CITIBANK DIRECT DEPOSIT AUTHORIZATION

Name: _____

Address: _____



Name of Bank: _____

Account #: _____ 9-Digit Routing #: _____

Amount: ☐ \$ _____ ☐ _____ % or ☐ Entire Amount

Type of Account: ☐ Checking ☐ Savings

Attach a voided check for each bank account to which funds should be deposited (if necessary).

_____ 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.

Payee Signature: _____ Date: _____