

DIRECT DEPOSIT AUTHORIZATION AGREEMENT FORM (ACH CREDITS)

COMPANY NAME Southern Tier Environments for Living, Inc. COMPANY ID NUMBER 22-2360739

I (we) hereby authorize Southern Tier Environments for Living, Inc., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository name below, hereinafter called DEPOSITORY, and to credit and/or debit the same to such account.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING #/ABA _____ ACCOUNT NO. _____

- CHECKING SAVINGS HSA – HEALTH SAVINGS ACCOUNT
- NEW CHANGE
- ENTIRE PAY OR \$ _____ EACH PAY

EFFECTIVE DATE _____

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

NAME _____ SS# _____
(PLEASE PRINT)

DATE _____ SIGNATURE _____

PLEASE RETURN TO PAYROLL DEPARTMENT

