



Authorization for Direct Deposits - Employee Form

This authorizes "Inspire, Inc." to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Account Information

ACCOUNT TYPE (e.g. Checking or Savings) _____

BANK NAME _____

BRANCH _____

CITY, STATE _____

ACCOUNT NUMBER _____

BANK ROUTING NUMBER (ABA#) _____

Joe Smith 1234
1234 Anystreet Court 1234
Anycity, AA 12345

Pay to the order of _____

_____ Dollars

Bank Anywhere

123456789 123456789123 1234

Routing Number Account Number Check Number

This authorization will be in effect until Inspire Co-op receives a written termination notice from myself and has a reasonable opportunity to act on it.

SIGNATURE

PRINTED NAME DATE

This document must be signed by employees requesting automatic deposit of paychecks, and retained on file by Inspire, Inc.