

Authorization for Direct Deposit - Employee Form

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) 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.

Note: Enter your company name in the blank space above.

Whitman Associates, Inc.
Julie A. Lindgren, CPC
1712 I Street, N.W., Suite 200
Washington, DC 20006
202-659-2111
www.whitmanjobs.com

Account #1

Account #1 Type (check one): Checking Savings

Employee Bank Name _____

Bank Routing # (ABA#) _____

Account # _____

Percentage or Dollar Amount to be Deposited to This Account _____

Account #2 (remainder to be deposited to this account)

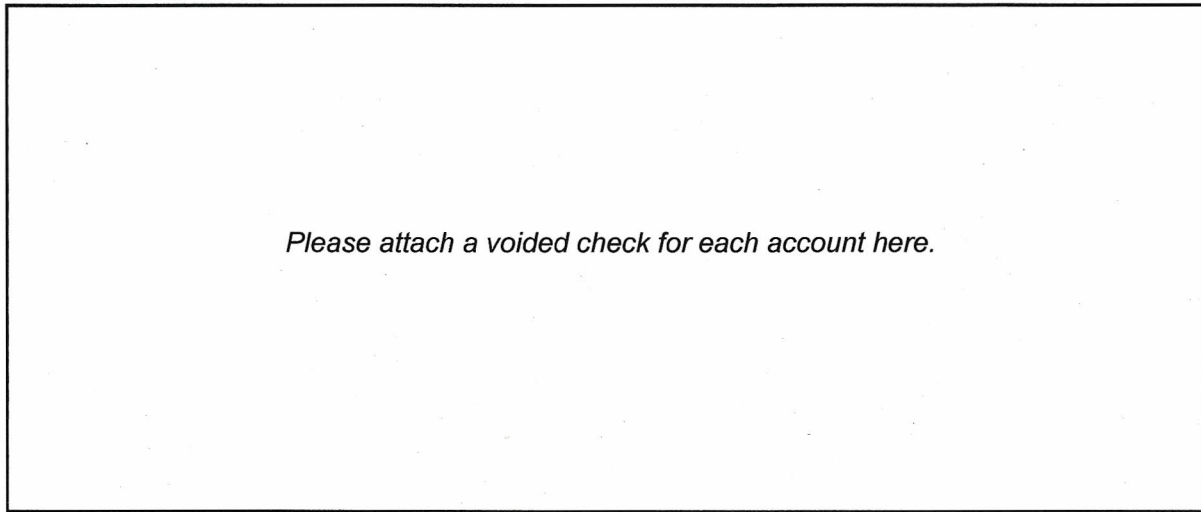
Account #2 Type (check one): Checking Savings

Employee Bank Name _____

Bank Routing # (ABA#) _____

Account # _____

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This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature _____

Printed Name _____

Date _____

IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Employee: Please fill out and return to your employer.

Employer: Please save for your files only.