

Authorization for Direct Deposit – Employee Form

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

Account #1

Checking Savings

Employee Bank Name

Bank Routing Number (ABA#)

Account Number

Percentage or Dollar Amount to be Deposited to This Account

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

Checking Savings

Employee Bank Name

Bank Routing Number (ABA#)

Account Number

Whitman Associates, Inc.

1707 L Street NW, Suite 650

Washington, DC 20036

PH: (202) 659-2111

Please attach a voided check for each account here.

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.