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|------------------------------------|
| <input type="checkbox"/> New Setup |
| <input type="checkbox"/> Change |
| <input type="checkbox"/> Cancel |

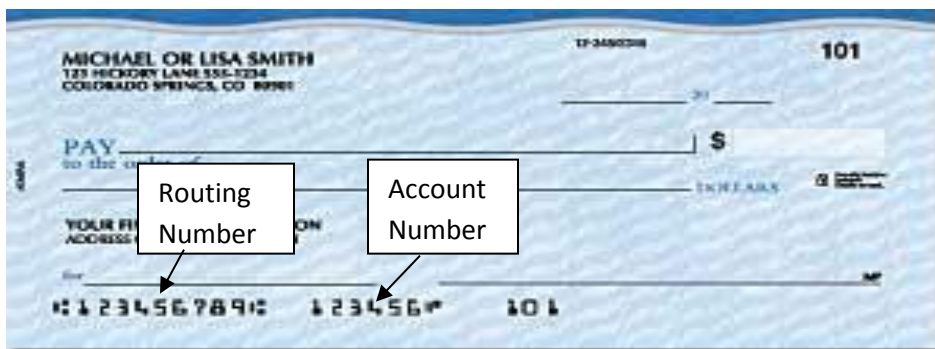
Authorization for ACH Deposit of Vendor Payments

Vendor Information

| | | | |
|--|--|---------------|-----|
| Payee/Vendor Name | | | |
| Street Address | | State | Zip |
| Contact Name | | Contact Phone | |
| Email Address for Remittance Notification (required) | | Contact Fax | |

Banking Information

| | |
|---|-------------------------------|
| Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| Financial Institution Name | Financial Institution Address |
| Routing Number | Account Number |



**Please submit a voided
check with this
application.**

I authorize Lifeworks Services, Inc. and the financial institution listed above to deposit payments automatically to my account and to initiate adjustments, if necessary, for any entries made in error to my account. This authorization will remain in effect until I have cancelled it in writing. Lifeworks reserves the right to charge a service fee if an automatic deposit has been rejected by its bank due to a closed account without notification. I understand that it is my responsibility to verify that payment has been credited to my account and I am responsible for any resulting fees I incur from non-sufficient funds or personal finance charges. I certify that the information provided on this form is true and correct.

| | |
|---------------------------|------------------|
| Authorized Name (printed) | Authorized Title |
| Authorized Signature | Date |