



DIRECT DEPOSIT AUTHORIZATION

I hereby authorize AR systems Inc. to initiate direct deposit to my account.

First Name _____

Last Name _____

Address _____

Home Phone _____

Social Security # _____

Financial Institution
(Bank, Savings & Loan, Credit Union)

Please check on of the following:

- New Authorization
- Changing Bank Info
- Cancel Direct Deposit

Type of Account
Checking Savings Other

Bank Name _____

Bank Routing Number _____

Account Number _____

City, State, Zip Code _____

Phone Number (If Any) _____

AR systems Inc. and the bank named above is authorized to deposit payment to the noted account. AR systems Inc. is also authorized to make any adjustments for any over-deposit which may occur. This authority will remain in effect until canceled in writing. It is acknowledged that any change to the routing or account number information, requires the account to be pre-noted again and that at least one real (live) check will be issued during this time.

Signature

Date

NOTE: Please attach a voided check. Deposit slips are not accepted by the bank.