



Direct Deposit Form

Instructions

This document must be signed by employees/contractors requesting automatic deposit of paychecks and retained on file by the employer. You must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1

Account 1 Bank Name: _____

Account 1 type: (Checking or Savings) _____

Bank Routing Number: (ABA number) _____

Account Number: _____

Percentage or dollar amount to be deposited to this account: _____

Account 2 (optional)

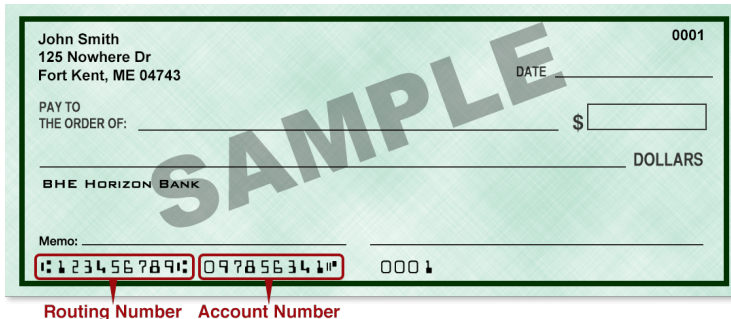
Account 1 Bank Name: _____

Account 1 type: (Checking or Savings) _____

Bank Routing Number: (ABA number) _____

Account Number: _____

Percentage or dollar amount to be deposited to this account: _____



Authorization

This authorizes QCI Healthcare to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated above 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. I agree that the QCI Healthcare transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until QCI Healthcare receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized Signature: _____ Date: _____

Print name: _____