



DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below.

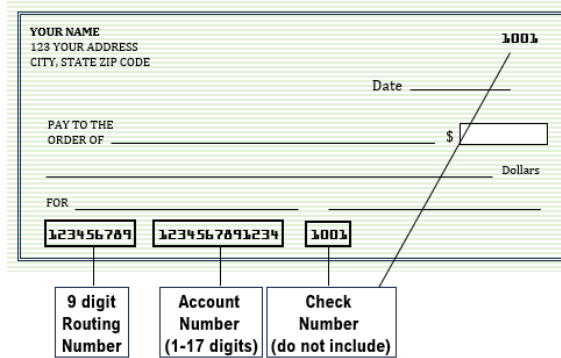
Company Name: SHORE UP! Inc.
Company Number: 52-0886996

Employee ID: _____

Employee Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____



Bank Name: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ % or Entire Paycheck

Account Type: Checking Saving (Check One)

Attach a voided check for each bank account to which funds should be deposited (if necessary)

_____ SHORE UP! Inc. is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: _____ Date: _____

FOR COMPANY USE ONLY
Date Received: _____
Processed By: _____