

Direct Deposit Authorization

The undersigned, _____ hereby authorizes and directs HCH/DMC to direct all pay earned by the undersigned to:

Account#: _____
Routing#: _____
Bank: _____
Amount: _____
Checking or Savings (circle one)

Account#: _____
Routing#: _____
Bank: _____
Amount: _____
Checking or Savings (circle one)

Account#: _____
Routing#: _____
Bank: _____
Amount: _____
Checking or Savings (circle one)

Account#: _____
Routing#: _____
Bank: _____
Amount: _____
Checking or Savings (circle one)

This assignment is revocable by the undersigned. At such time as the assignment is revoked by the undersigned, the undersigned shall execute a new direct deposit authorization identifying the account and financial institution to which all future payments shall be made. This direct deposit authorization is being executed pursuant to Indiana Code 22-2-6-2 (10).

New Account/New Hire Add Account Drop Account Change Amount

Employee Signature

Date

Human Resources Representative

Date

4/9/2009