



DIRECT DEPOSIT AUTHORIZATION

I hereby authorize Aim Leasing Company (hereinafter called "Company"), to initiate credit entries and to initiate, if necessary, debit entry adjustments for any credit entries in error to my account indicated below and to the depository name below (hereinafter call "Depository"), to credit and/or debit the same to such account.

DEPOSITORY NAME/BRANCH _____

CITY, STATE, ZIP CODE _____

_____ **CHECKING** Routing Number _____
NET CHECK

Account Number _____ \$ _____

_____ **SAVINGS** Routing Number _____ **NET**
CHECK

Account Number _____ \$ _____

Through our payroll system, you can have funds directly deposited into a maximum of 3 accounts and any combination of checking and savings accounts however, PLEASE USE ONE FORM PER ACCOUNT.

This authorization is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it. In addition, should your employment with the company terminated, all direct deposits will be cancelled.

Once the authorization form is received by the Company, the information will be verified (pre-noted) before the program is initiated. For accuracy, the Company will run two trial transactions with the Company's financial institution and your designated financial institution. It will take approximately three weeks for the first direct deposit to your account.

SIGNATURE _____

DATE _____

PRINTED NAME _____

**Attach voided or cancelled check here.
Photocopies of either one will due also.
NO DEPOSIT SLIPS. (Required)**

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