



## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

(PLEASE PRINT)

I hereby authorize and request NTS Development Company to make payment of any amount owing to me for expense reimbursements by initiating credit entries to my account indicated in the financial institution named below, hereinafter called DEPOSITORY, and I authorize and request DEPOSITORY to accept any credit entries initiated by NTS Development Company to such account. Also, should an amount be erroneously credited to my account, I authorize and request NTS Development Company to debit my account for the erroneously credited amount.

### COMPLETE ALL SECTIONS BELOW

**Depository Name:**

Type of Account:

Checking

Savings

Transit Routing Number:

Account Number Information:

I understand this agreement may be terminated only by written notification at any time by myself (or my representative) or NTS Development Company. Any such notification to NTS Development Company will be effective only with respect to credit entries initiated by NTS Development Company after receipt of such notification and a reasonable opportunity to act on it.

\_\_\_\_\_  
Print Employee's Name

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

PLEASE FORWARD THIS FORM TO NTS' TREASURY DEPARTMENT.  
Beth DeLozier (bdeLozier@ntsdevco.com) or Cheryl Blair (cblair@ntsdevco.com)  
(It would be advisable to attach a voided check or a copy of a voided check.)