



**DIRECT DEPOSIT AUTHORIZATION AGREEMENT**  
(PLEASE PRINT)

I hereby authorize and request NTS Development Company to make payment of any amount owing to me for payroll compensation 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 THE APPLICABLE SECTIONS BELOW**

**Depository Name:**

Depository Address:	City:	State:
Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Transit Routing Number:	Account Number Information:	
Amount of Deposit:	<input type="checkbox"/> Full Check	<input type="checkbox"/> \$ _____ (amount per payday)

**Depository Name:**

Depository Address:	City:	State:
Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Transit Routing Number:	Account Number Information:	
Amount of Deposit:	<input type="checkbox"/> Full Check	<input type="checkbox"/> \$ _____ (amount per payday)

**Depository Name:**

Depository Address:	City:	State:
Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Transit Routing Number:	Account Number Information:	
Amount of Deposit:	<input type="checkbox"/> Full Check	<input type="checkbox"/> \$ _____ (amount per payday)

**Depository Name:**

Depository Address:	City:	State:
Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Transit Routing Number:	Account Number Information:	
Amount of Deposit:	<input type="checkbox"/> Full Check	<input type="checkbox"/> \$ _____ (amount per payday)

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' HUMAN RESOURCES DEPARTMENT.  
(It would be advisable to attach a voided check or a copy of a voided check.)