



DIRECT DEPOSIT AUTHORIZATION

Company Location: _____

Employee ID: _____

I choose to waive Direct Deposit Authorization.

Employee Signature: _____

I hereby authorize CARS Recon, Inc. to deposit my net pay automatically to my account at the financial institution designated below as on the attached voided check (a copy is acceptable). I understand that if an error results in an overpayment to my account, CARS Recon, Inc. is authorized to debit my account for that amount within 45 days. This authority will remain in effect until I have canceled it in writing.

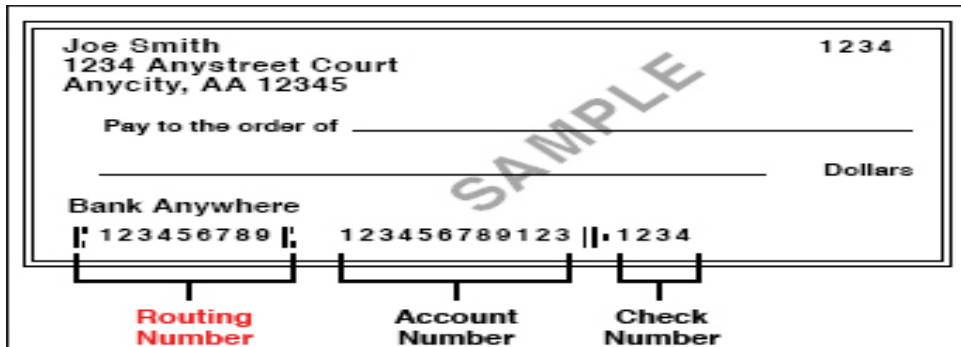
Name: _____ Social Security Number: _____
 Last First MI

Email address for electronic delivery: _____ Password: LAST 6 DIGITS OF SSN

Employee Signature: _____

Do you participate in the Medical Reimbursement Account or Dependent Care? Yes _____ No _____

ATTACH A VOIDED CHECK AND A RETURN TO YOUR PAYROLL REPRESENTATIVE



Account Type	Routing Number	Account Number	Amount
Send Remainder as a Live Check			
Please Cancel my Direct Deposit			