



AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS

EMPLOYEE NAME: _____
(Please type data or print numbers neatly.)

SOCIAL SECURITY NUMBER: _____
(Please type data or print numbers neatly.)

I hereby authorize the DAVIS DEFENSE GROUP/DDG, Inc. to place credit entries into my account (bank information is below), to credit that account, and in the event a credit is made to my account in error, I authorize the DAVIS DEFENSE GROUP/DDG, Inc. to make a correcting entry under the condition that I am notified of the adjustment.

NOTE: YOU MUST ATTACH A VOIDED CHECK IN THE SPACE PROVIDED.

PLACE A VOIDED CHECK HERE

This authorization is to remain in full force and effect until the DAVIS DEFENSE GROUP/DDG, Inc. has received written notification from me of its termination in such time and in such manner as to afford the DAVIS DEFENSE GROUP/DDG, Inc. a reasonable opportunity to act on it, or I complete and sign a new Automatic Deposit Form, or until the final payroll transaction is completed at or upon dismissal or resignation from the Davis Defense Group.

Employee Signature _____ Date _____