



Authorization Agreement for Direct Deposit

Company/Employer Name: _____

I (we) hereby authorize CONEXIS to initiate credit entries to my (our):

- Checking account
 Savings account

at the financial institution named below and to credit the same to such account.

Financial Institution Name (Bank, Savings and Loan, Credit Union, etc.):

This authorization is to remain in full force and effective until CONEXIS has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CONEXIS and the Financial Institution a reasonable opportunity to act on it.

Please print the following information:

Name(s): _____
Signature(s): _____
Email address: _____
SS Number: _____ Date: _____

Please attach a voided check and mail or fax completed and signed form to:

CONEXIS
P.O. Box 223886
Dallas, TX 75222

Phone: 877-722-2667
Fax: 877-353-2948

Thank you,

CONEXIS