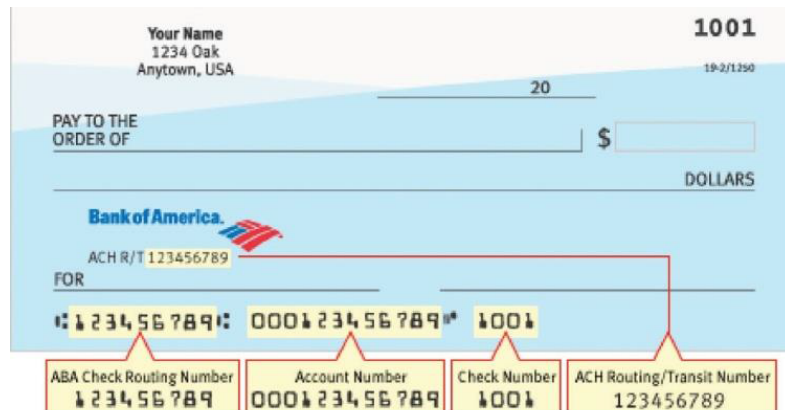


ELECTRONIC WAGE DISBURSEMENT AUTHORIZATION

Direct Deposit Account Information

A voided check and/or a letter from your financial institution, which includes the ACH Routing Number and your Bank Account Number, should be included with your request for each account to be set up. The sample below shows the placement of the information required to complete this form.



I authorize SBS Management LLC to electronically deposit to the accounts below:

Account 1 Checking ___ Savings ___	Add ___ Change ___ Delete ___
Pay allocation for this account: Fixed Amount: \$ _____	Percentage of Pay: _____ %
Bank Name:	Account Holder:
ACH Routing Number:	Bank Account Number:

Account 2 Checking ___ Savings ___	Add ___ Change ___ Delete ___
Pay allocation for this account: Fixed Amount: \$ _____	Percentage of Pay: _____ %
Bank Name:	Account Holder:
ACH Routing Number:	Bank Account Number:

Changes in banks or banking account information will require immediate notification to the SBS Management LLC Payroll Department and will result in a live check being received for up to two pay periods from the time the change is received by SBS Management LLC. I understand that any changes, including stopping my direct deposit, must be submitted by me in writing at least one week prior to my next scheduled pay date. I agree that in the event that SBS Management LLC erroneously deposits money into my account, I authorize SBS Management LLC to debit my account for an amount not to exceed the original amount of the erroneous deposit. Should the funds no longer be in my account and these funds were not rightfully mine, I agree to return the amount of the erroneous deposit in full, upon demand. By signing this form, I agree to all the conditions and fees imposed by the bank for all above actions and exceptions noted above.

Authorized Representative Signature:

Date: