Authorization For Automated Deposits (ACH Credits)

Company: Chimes District of Columbia, Inc.

After reading and signing this form, take it to your bank. A bank officer must complete the bottom section of this form before the payroll office will process your request.

I (we) hereby authorize the above named company, hereinafter called COMPANY, to initiate credit entries and to initiate IF NECESSARY, DEBIT AND ADJUSTMENTS FOR ANY CREDIT ENTRIES IN ERROR, to my (our) account(s) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit/debit the same to such account.

I accept responsibility to manage my bank account in a prudent manner. I understand that if an error in payroll processing or bank error leads to an incorrect deposit, I will be required to make repayments in the event that the error is not corrected prior to my withdrawing money from my account.

I also understand that while every effort is made by the Chimes companies to use direct deposit, there will be times when a paycheck may be issued in place of the electronic transfer.

It is my obligation to check with my bank that the transfer has been completed. In the event that a transfer is not made, I understand that Company accepts no responsibility for charges that may occur. I understand that any charges my bank makes for this routine operation of my account, including charges associated with direct deposit, are my responsibility. I also understand the Company accepts no responsibility in the event that I have furnished an incorrect bank account number or because of any actions of my bank.

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

I have read and understand my obligations.

PRINT NAME(s):_____

SIGNATURE(s):_____

DATE:_____

*****Please note*****

Chimes transmits direct deposits on Thursday with a pay date of Friday. Your bank's ACH Department should post your deposit no later than the next business day.

FOR YOUR BANK TO COMPLETE

Account #1

Bank Name:_____

Branch:_____

City:_____State:_____Zip:_____

Transit/ABA#_____Acct.#_____

Circle One: Checking Savings

Partial Amount/Full Deposit:_____

_____

Signature of Bank Official Date

Account #2

Bank Name:_____

Branch:_____

City:_____State:_____Zip: _____

Transit/ABA#_____Acct.#_____

Circle One: Checking Savings

Partial Amount/Full Deposit:_____

_____

Signature of Bank Official Date

Form C-06 (Chimes DC) 8/92 Rev. 7/93; 4/94; 7/94; 10/94; 3/99; 2/00; 4/01; 3/03; 10/12; 10/13