



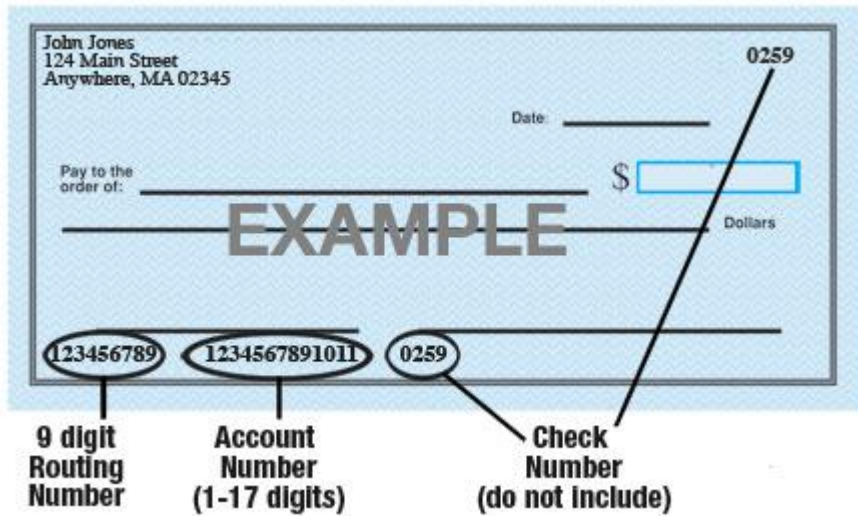
TREE OF LIFE BOTANICALS

Direct Deposit Authorization Form

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ _____% or Entire Paycheck

Type of Account: Checking Savings (Check one)

Please attach a voided check for each bank account to which funds should be deposited.

Tree of Life Botanicals is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____

Date: _____