AUTHORIZATION AGREEMENT
FOR DIRECT DEPOSITS

I (We) hereby authorize KSSM, LLC, 45-5356745
COMPANY NAME *CO. TAX I.D. NUMBER*

hereinafter called KSSM, LLC, to initiate credit entries and to initiate, if necessary, debit entries for any credit entries made in error to my (our)

( ) Checking ( ) Savings *(Select one)*

account listed below and the financial institution named below, hereinafter called INSTITUTION, to credit or debit the same to such account.

FINANCIAL INSTITUTION NAME *CITY* *STATE* *ZIP CODE*

ROUTING NUMBER *ACCOUNT NUMBER*

Please attach a voided check on the above account in order that we may verify the numbers provided above.

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 allow COMPANY and INSTITUTION a reasonable opportunity to act on it.

NAME(S) ON ACCOUNT (PLEASE PRINT) *EMPLOYEE I.D. NUMBER*

DATE *SIGNATURE* *SIGNATURE*

Contact Phone Number