

EMPLOYEE DIRECT DEPOSIT ENROLLMENT FORM – MOBILE TV GROUP

Important! Please read and sign before completing and submitting this form.

I, _____, hereby authorize ADP to deposit all funds owed to me, as instructed by Mobile TV Group, LLLP, by initiating a credit entry to my account at the financial institution (hereafter “Bank”) as listed on this form. Further, I authorize my bank to accept and credit any entries indicated by ADP to my account, I authorize ADP to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in effect until ADP and the financial institution has received written notice from me to terminate, in such time and manner as to afford ADP and the financial institution opportunity to act on it.

Employee Name: _____

Social Security #: _____

Employee Signature: _____ Date: _____

Account Information: ALL FUNDS WILL BE DEPOSITED INTO ONE ACCOUNT.

Bank Name: _____

Routing/Transit #: _____

Account#: _____

If available, please attach a Voided Check

Email to: slewis@mobiletvgroup.com