

**LAKE CITY BANK**  
**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT**

I hereby authorize the automatic deposit of my net pay or a portion of net pay, as listed below, by my employer in my account(s) at Lake City Bank. Such direct deposit will be made on each succeeding payday, unless I choose to terminate this agreement in writing to my employer. Any such notification to my employer shall become effective following receipt, and a reasonable time for opportunity to act on it.

In the event that my employer deposits funds erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the deposit.

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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Lake City Bank  
P.O. Box 1387  
Warsaw, IN 46581-1387

Routing/Transit ABA # 074903719

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Deposit To: Checking Account #: _____	Amount: _____	ACH Code D
Savings Account #: _____ 3317404	Amount: _____	ACH Code S
Individual Retirement Account #: _____ (Variable IRA Only)	Amount: _____	ACH Code S

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Employee: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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Employer: \_\_\_\_\_ Power From the Past Inc. \_\_\_\_\_ Department: \_\_\_\_\_

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Branch: \_\_\_\_\_ 17 \_\_\_\_\_ CSR #: \_\_\_\_\_ Jen Wilson \_\_\_\_\_ Telephone #: \_\_\_\_\_ (574) 773-5553 \_\_\_\_\_