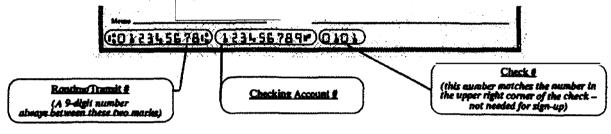
Direct Deposit Form

NITELINES USA, INC

NOTE: Accounting@nitelinesusa.com or Fax: 844-243-7810

Attach a voided check for each checking account If to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number as a savings deposit slip. This will help ensure that you are paid Correctly

Below is a sample check MICR line, detailing where the information necessity to comple1e this font can be found.



Important! Please read and sign before completing and submitting.

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit estries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account. I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

					
			Date:		
Account Information					
			d to you. To distrubute to more accounts, planount to be deposited if less than your t		
Routing/Transit #:			Account Number:		
☐ Checking	□ Savings	Other	I wish to deposit: \$,	or	☐ Entire Net Amount
2. Bank Name/City	/State:				
Routing/Transit #:			Account Number:		
☐ Checking	Savings	Other	I wish to deposit: \$	or	☐ Entire Net Amount
3. Bank Name/City	/State:				•
Routing/Transit #:			Account Number:		···
☐ Checking	☐ Savings	☐ Other	I wish to deposit: \$	ΟF	☐ Entire Net Amount