



AUTHORIZATION FOR DIRECT DEPOSIT REIMBURSEMENT

I hereby authorize Wimberly Associates, Inc. to deposit any amounts due me by initiating credit entries to my account at the financial institution indicated below. I authorize BANK to accept and to credit any credit entries indicated by Wimberly Associates, Inc. to my account. In the event that Wimberly Associates, Inc. deposits funds erroneously into my account, I authorize Wimberly Associates, Inc. to debit my account for an amount not to exceed the amount of the erroneous credit.

Please fax form to: 888-653-6034

Employee Information:

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

Financial Institution Information:

Bank: _____

Location: _____

Account #: _____

Routing #: _____

Type Of Account: Checking: _____ Savings: _____

Insert Voided Check