



DIRECT DEPOSIT AUTHORIZATION

- New Employee
 Current Employee

I (we) authorize Oak View Group LLC. to make direct deposit payroll deposit(s) to:

Account #1

Account type: ____ Checking ____ Savings

Banking Institution Name: _____

Bank Routing # / ABA #: _____ Account #: _____

Amount to be deposited into this account: _____

Account #2

Account type: ____ Checking ____ Savings

Banking Institution Name: _____

Bank Routing # / ABA #: _____ Account #: _____

Amount to be deposited into this account: _____

Account #3

Account type: ____ Checking ____ Savings

Banking Institution Name: _____

Bank Routing # / ABA #: _____ Account #: _____

Amount to be deposited into this account: _____

Employee Name: _____

Social Security #: _____

Employee Signature: _____ Date: _____

Note: Please attach or scan a voided check with this form.

Direct Deposit of net paychecks will commence on the second pay following receipt of this form and continue until your authorization to stop is received in writing.