

## AUTHORIZATION FOR DIRECT DEPOSIT AND SPLIT DEPOSIT VIA ACH (ACH CREDIT)

**Check all that apply:**  Begin Deposit       Change Information       Split among multiple accounts.  
I have provided information for each of my accounts below.

I (we) hereby authorize Jade Companies (Jade Presents, Jade Nielsen Properties, Tickets300 or Nocturnal Resources) to electronically credit my (our) account (and, if necessary, to electronically debit my (our) account to correct erroneous credits). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

### Account #1

Checking Account /  Savings Account (select one) at the depository financial institution ("DEPOSITORY") named below.

Depository Name \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Name(s) on the Account \_\_\_\_\_  
Amount of credit (ie, flat amount or percentage) \_\_\_\_\_  
Date(s) and/or frequency of credit(s) \_\_\_\_\_

### Account #2

Checking Account /  Savings Account (select one) at the depository financial institution ("DEPOSITORY") named below.

Depository Name \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Name(s) on the Account \_\_\_\_\_  
Amount of credit (ie, flat amount or percentage) \_\_\_\_\_  
Date(s) and/or frequency of credit(s) \_\_\_\_\_

### Account #3

Checking Account /  Savings Account (select one) at the depository financial institution ("DEPOSITORY") named below.

Depository Name \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Name(s) on the Account \_\_\_\_\_  
Amount of credit (ie, flat amount or percentage) \_\_\_\_\_  
Date(s) and/or frequency of credit(s) \_\_\_\_\_

I (we) understand that this authorization will remain in full force and effect until I (we) notify Jade Companies (Jade Presents, Jade Nielsen Properties, Tickets300 or Nocturnal Resources) by phone or in person, that I (we) wish to revoke this authorization. Upon termination of employment, this authorization will automatically cease. I (we) understand that Jade Companies requires at least 30 days prior notice in order to cancel this authorization.

Name(s): (Please Print) \_\_\_\_\_

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_