

The Metropolitan Companies, Inc.
110 EAST 42ND STREET, SUITE 802, NY, NY 10017
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)
Please complete for Direct Deposit

Employee Name: _____
(Please print this information)

Last 4 digits of Social#: _____

I hereby authorize The Metropolitan Companies Inc., hereinafter called
COMPANY, to automatically deposit funds to my (select one)

Checking Account

or

Savings Account

As identified below and the FINANCIAL INSTITUTION named below to
accept such deposits initiated by the COMPANY. In the event of an incorrect
amount or entry, I authorize the COMPANY to reverse this transaction.

FINANCIAL INSTITUTION: _____

TRANSIT ROUTING/
ABA NUMBER _____ ACCOUNT NO: _____

This authorization is to remain in full force and effect until COMPANY has
received written notification from me or its termination in such time and such
manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable
opportunity to act upon it or as otherwise provided by law.

DATE: _____ SIGNATURE: _____

Please Attach **Void Check** here

**IF DO NOT HAVE CHECKS, ATTACH BANK LETTER HEAD WITH
ACCT INFORMATION**