

NATIONAL PLASTICS COLOR, INC.

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS

Purpose of Authorization (Check One)

NEW* (Complete A, B, & C) CHANGES* (Complete A, B, & D) CANCELLATION (Complete A & B)

*Please attach a voided check.

A. Employee Information (Please Print)

Name: _____ SS# _____

B. Depository Information

I) Financial Institution _____ Account No. _____
City _____ State _____ Zip _____
Transit/ABA Number _____ Amount _____ Checking ___ Savings ___

II) Financial Institution _____ Account No. _____
City _____ State _____ Zip _____
Transit/ABA Number _____ Amount _____ Checking ___ Savings ___

C. New Authorization Statement

I hereby authorize National Plastics Color, Inc., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated above and the financial institutions(s) named above, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Employee's Signature

Date