

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

COMPANY NAME: HERZOG RAILROAD SERVICES, INC.

I (we) hereby authorize HERZOG RAILROAD SERVICES INC.

Hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries adjustments for any credit entries in error to my (our) <> Checking Account indicated below and the financial institution named below, to debit and/or credit the same to such account.

FINANCIAL INSTITUTION: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NO: _____ ACCOUNT NO: _____
(9 positions)

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and the financial institution named above a reasonable opportunity to act on it.

NAME (S*): _____

DATE: _____ EMPLOYEE NO: _____

SIGNED: _____

SIGNED: _____

***If your account requires two signatures then both parties must sign this form.**

Please check one:

<>I wish to participate in Direct Deposit

<>I do not wish to participate in Direct Deposit

Tape Your Voided Check or Deposit Ticket Here
Type of account (check one): <>checking <>savings

JOHN DOE 123 SOMEPLACE BLVD ANYWHERE, USA 123456	10000023 _____ 19__
PAY TO THE ORDER OF _____ \$ _____	
_____ DOLLARS	
ANYBANK, USA	
FOR _____	
	