



- _____ New Authorization
- _____ Changes to Authorization
- _____ Cancellation of Authorization

I hereby authorize Action Traffic Maintenance, 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 indicated below at the financial institution named below.

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

DIRECT DEPOSIT INFORMATION

[] Checking [] Savings Account _____ [] \$ _____ [] Net Amount

Financial Institution Name: _____ **ABA Transit Routing #** _____

City _____ **State** _____ **Zip Code** _____

[] I would like to cancel my Direct Deposit Authorization

PERSONAL INFORMATION (PLEASE PRINT)

LAST, FIRST, MIDDLE: _____

SOC SEC #: _____ **DATE:** _____

SIGNATURE: X _____