

Atomy America Inc.

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Atomy America Inc. to initiate automatic deposits to my account at the financial institution named below. I also authorize Atomy America Inc. to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Atomy America Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until Atomy America Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to Atomy America Inc.

Member Information

Member ID: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone: _____

Account Information

Name of Bank: _____

Routing Number: _____

Account Number: _____

Checking Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

**Please attach a Voided Check below and fax it to: 253-946-2345 or
Mail it to: 33801 1st Way S Ste#301 Federal Way, WA 98003.**