



11820 PARKLAWN DRIVE, SUITE 400
ROCKVILLE, MARYLAND 20852

Agreement for Employee Direct Deposit

I (we) hereby authorize and release Library Associates of Maryland, LLC, hereinafter called COMPANY, to make payment of any amounts owing to me (either of us) by initiating credit entries to my (our) account indicated below in the bank named below, hereinafter called BANK, and I (we) authorize and request BANK to accept any credit entries initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof.

I (we) also authorize and request COMPANY to effect repayment to COMPANY for amounts owed it because of a prior erroneous credit initiated to my (our) account if prior to the initiation of the correcting entry COMPANY has sent or delivered to me written notice of the correction and the reason therefore and, the correcting entry is transmitted in such time as to be delivered or made available to BANK before midnight of the tenth day next following settlement for the erroneous entry.

It is understood that this agreement may be terminated by me (either of us) at any time by written notification to COMPANY or BANK. Any such notification to COMPANY shall be effective only with respect to entries initiated by COMPANY after receipt of such notification and a reasonable opportunity to act on it. Any such notification to the BANK shall be effective only with respect to entries credited to my (our) account by BANK after receipt of such notification and a reasonable time to act on it.

I (we) recognize, acknowledge and accept that this service is being provided for my (our) convenience. As such I (we) agree to hold COMPANY, each participating bank and NACHA harmless from any claim incident to the operation of this plan, arising from any act or omission by COMPANY and their employees, including without limitation any claim based on alleged loss as a result of non-credit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any debits because of insufficient funds arising from the failure to credit deposits to his/her account.

Employee and Bank Information:

Employee Name: _____ Employee Number: _____

Name of Bank: _____

Routing # of Bank: _____ Your Account #: _____

Account Type (SELECT ONE): Checking Savings

Requested Action (SELECT ONE): Deposit Entire Net Pay Amount CANCEL Direct Deposit

EMPLOYEE SIGNATURE

DATE

*** * * ATTACH A VOIDED CHECK TO THIS FORM * * ***