

Authorization for Direct Deposits – Employee Form

This authorizes Seattle United FC (the “Company”) to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the “Account”). This authorizes the financial institution holding the Account to post all such entries.

PLEASE ATTACH A VOID CHECK (NOT A DEPOSIT SLIP)

Account #1

Deposit (amount or %) _____

Account Type (checking or savings) _____

EMPLOYEE BANK NAME _____

BRANCH _____

CITY, STATE _____

ACCOUNT NUMBER _____

BANK ROUTING NUMBER (ABA#) _____

Account #2

Deposit (amount or %) _____

Account Type (checking or savings) _____

EMPLOYEE BANK NAME _____

BRANCH _____

CITY, STATE _____

ACCOUNT NUMBER _____

BANK ROUTING NUMBER (ABA#) _____

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

SIGNATURE

PRINTED NAME

EMAIL ADDRESS (needed to send your Direct Deposit pay stubs)

DATE