

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS/WITHDRAWALS

Company Name: River City Business Services and RCBS Payroll Services

Company Address: 5429 MADISON AVENUE SACRAMENTO, CA 95841

Phone Number: 916-348-9100

I (we) hereby authorize **RCBS Payroll Services or River City Business Services** hereinafter called COMPANY, to initiate, at the depository financial institution named below, hereinafter called DEPOSITORY, credit or debit entries from my (our) Checking Account or Savings Account (select one) indicated below and to credit or debit the same from such account. I (we) acknowledge that the origination of ACH transactions from my (our) account must comply with the provisions of U.S. law.

Depository Name Community 1st Bank
City Roseville State CA Zip 95661
Routing Number 121144201

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____

Routing Number _____ Account Number _____

Signature _____

Signature _____

Date _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION