

Urgo Hotels / Medallion Hotel Corporation

Authorization Agreement for Direct Deposit

NEW

Change Existing

Cancel

I hereby authorize Urgo, to initiate credit entries to my Checking, Savings account(s) indicated below and the Depository(ies) named below, hereinafter called Depository, to credit the same such account(s), and, in the event a credit is made to my account in error, I authorize Urgo to make a correcting entry under the condition that I am notified of said adjustment.

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

Direct Deposit Account #1:

AMOUNT _____

Checking

Savings

DEPOSITORY NAME _____

CITY _____

STATE _____

BANKING TRANSIT ABA _____

ACCOUNT # _____

Direct Deposit Account #2:

AMOUNT _____

Checking

Savings

DEPOSITORY NAME _____

CITY _____

STATE _____

BANKING TRANSIT ABA _____

ACCOUNT # _____

Direct Deposit Account #3:

AMOUNT _____

Checking

Savings

DEPOSITORY NAME _____

CITY _____

STATE _____

BANKING TRANSIT ABA _____

ACCOUNT # _____

This authorization is to remain in full force and effect until Urgo receives written notification from me of its termination such time and in such manner as to afford Urgo a reasonable opportunity to act on it.

SIGNATURE

EMPLOYEE NAME

DATE

Note to Employee:

IT IS STRONGLY RECOMMENDED THAT YOU CONFIRM YOUR PAY STATUS ON THE TWO PAYROLL DATES FOLLOWING SIGNING UP FOR, OR CHANGES TO, YOUR DIRECT DEPOSIT. IT WILL TAKE AT LEAST ONE FULL PAY PERIOD BEFORE DIRECT DEPOSIT WILL TAKE EFFECT.

Payroll Start Date: _____; Account Pre-note Date: _____