

**Metropolitan Interpreters and Translators**  
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)  
Please complete for Direct Deposit

Employee Name: \_\_\_\_\_  
(Please print this information)

*Last 4 digits of Social#:* \_\_\_\_\_

I hereby authorize The Metropolitan Companies Inc., hereinafter called  
COMPANY, to automatically deposit funds to my (select one)

Checking Account

or

Savings Account

As identified below and the FINANCIAL INSTITUTION named below to  
accept such deposits initiated by the COMPANY. In the event of an incorrect  
amount or entry, I authorize the COMPANY to reverse this transaction.

FINANCIAL INSTITUTION: \_\_\_\_\_

TRANSIT ROUTING/  
ABA NUMBER \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has  
received written notification from me or its termination in such time and such  
manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable  
opportunity to act upon it or as otherwise provided by law.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Please Attach **Void Check here**