

YMS Management Associates Inc.

Instructions:

1. Complete all the information below
2. Sign and date the bottom of the form
3. Make a copy of this form for your records
4. Attach a VOID check if you have a checking account, or a bank letter if you have a savings account
5. Return the original form, with attachments, to the address above
6. There may be a two-to-three pay-cycle delay before direct deposit begins.

EIN Number:

ETPL ID Number

Training Provider Organization Name

Address:

Bank Account in the name of:

Depository (Bank) name:

Depository (Bank) address:

Bank Transit (Routing) Number:

(The nine digit number found at the bottom of your check to the left of your account number)

Check and complete the appropriate account:

Checking Account: 100% Account Number:
*(Attach **only** a void check or bank letter.)*

Savings Account: 100% Account Number:
*(Attach **only** a void check or bank letter.)*

Authorized Signatory:

Date:

Co-Signature:

Date:

(If Joint Account)

I hereby authorize YMS Management Associates, Inc. (hereinafter COMPANY) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authority is to remain in full force and effect until COMPANY has received written notification from me to terminate in such time and in such manner as to afford COMPANY and BANK a reasonable time to act on it.

Name of Authorized Representative

Title

Signature

Date: