

Authorization for Direct Deposit - Inspector Form

This authorizes SEER Insurance Inspections, Inc. (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.

Account #1

Account #1 Type (check one): Checking Savings

Inspector Bank Name

Bank Routing # (ABA#) Account #

Percentage or Dollar Amount to be Deposited to This Account

Account #2

Account #2 Types (check one): Checking Savings

Inspector Bank Name

Bank Routing # (ABA#) Account #

Percentage or Dollar Amount to be Deposited to This Account

Please attach a voided check for each account here.

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

Inspector ID Number

Date

IMPORTANT: This document must be signed by inspectors requesting automatic deposit of paychecks and retained on file by the employer. Inspectors must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.