S&S Print Blank Form

REGIONS

Authorization for Automatic Payroll Deposits

I, ELROD CLEANERS LLC _____, hereby authorize and instruct

_____ (the "company") to deposit the amount of each of my payroll payments directly into my checking and/or savings account indicated below in the amounts indicated below in the Deposit Instructions and to make any such withdrawals directly from my account or accounts as are necessary to correct any incorrect deposit by the Company under this Authorization.

I further hereby authorize and instruct Regions Bank (the "Bank") to accept such automatic deposits to or withdrawals from my account or accounts by the Company and to cause my account or accounts to be automatically credited or debited (as the case may be) in the amount of such deposits or withdrawals by the Company without any responsibility for correctness of any such deposit or withdrawal.

Deposit Instructions

_____ Initial Please deposit the full amount of each of my payroll payments to my CHECKING account:

064000017 (Routing Number) 0350804545 (Account Number)

_____ Initial Please deposit the full amount of each of my payroll payments to my SAVINGS account:

_____ Routing Number _____ Account Number

_____ Initial Please deposit the full amount, indicated below, of each of my payroll payments to my SAVINGS account and the remainder of each payroll payments to my CHECKING account:

Savings Acct: $_____ _____ Routing Number _____ Account Number

Checking Acct: $ Remainder ___ _____ Routing Number _____ Account Number

I understand that I can cancel this authorization at any time. To cancel, I must give written notice to both the Company and the Bank. My cancellation will become effective as to the Company when the Company receives my notice of cancellation and has had a reasonable period of time upon which to act on it. Any automatic deposits to or withdrawals from my account or accounts by the Company up until that time will be authorized by this authorization. My cancellation of this authorization will become effective as to the credits or debits made to my account or accounts by the Bank when the Bank receives my notice of cancellation and has had a reasonable period of time upon which to act on it. Any automatic credits or debits made to my account or accounts by the Bank up until that time will be authorized by this authorization.

I further understand that all automatic deposits and credits to or withdrawals and debits from my account or accounts under this authorization will be subject to all rules, regulations, agreements and disclosure statements of the Company and the Bank governing accounts and preauthorized transfers to and from accounts.

By signing, I acknowledge receiving and agree to each and every term, condition, and provision of the Deposit Agreement (including, without limitation, the ARBITRATION AND WAIVER OF JURY TRIAL provisions for changing the terms thereof) and related disclosures for this account.

I hereby state that I received a completed copy of this authorization on the date I signed this authorization.

Name: ELROD CLEANERS LLC Signature: _____ Date

REGIONS BANK
4383 SUMMER AVENUE
MEMPHIS, TN 38122
BY _____

Form 52132
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