Employee Direct Deposit Enrollment Form

I hereby authorize Cinema Entertainment Corp. to directly deposit my pay in the bank account(s) listed below in the percentages specified. (If two accounts are designated, deposits are to be made in whole percentages of pay to total 100%.) I have attached a voided check or deposit slip (savings accounts only) for each account specified below. This authorization is to remain in force until the company has received written authorization from me of its termination or change.

Also, I grant Cinema Entertainment Corp. the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Name: _____ Employee #:_____

Social Security #: _____

Address: _____

Telephone: (_____) _____

Signature: _____ Date: _____

Company Use Only: Effective Date _____

Account #1 Checking_____ Savings_____ **(Check only one)**

Financial Institution: _____

Street Address: _____

City, State and Zip Code: _____

Routing/Transit # _____

Personal Account Number: _____

Percent of pay to be deposited into this account: _____%

Account #2 Checking_____ Savings_____ **(Check only one)**

Financial Institution: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: (_____) _____

Personal Account Number: _____

Percent of pay to be deposited into this account: _____%