

**Vita Living**  
**AUTHORIZATION FOR DIRECT DEPOSIT – EMPLOYEE FORM**

This authorizes Vita Living (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**

Type (check one):  Checking  Savings

\_\_\_\_\_  
Employee Bank Name

\_\_\_\_\_  
Bank Routing # (ABA#)

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Percentage or Dollar Amount to be Deposited to This Account

**Account #2** (remainder to be deposited to this account)

Type (check one):  Checking  Savings

\_\_\_\_\_  
Employee Bank Name

\_\_\_\_\_  
Bank Routing # (ABA#)

\_\_\_\_\_  
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

\_\_\_\_\_  
Date

**IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO VERIFY THAT FUNDS HAVE BEEN DEPOSITED INTO THE CORRECT ACCOUNT.**