TRUPAY CORPORATION

AUTHORIZATION FOR AUTOMATIC DEPOSIT

The undersigned hereby authorizes MAGDALA FOUNDATION (the Company) and/or *Trupay Corporation.* to make deposits from time to time in the account(s) identified below and authorizes the Bank to accept such deposits. It is agreed that these deposits may be made electronically and under the rules of the National Automated Clearing House Association (NACHA). This authorization will remain in effect until written notice of termination is given to the Company and *Trupay Corporation.*

NOTE: You may have up to eight (8) direct deposit allocations.

CHECKING ACCOUNT(S)* *For full net pay, indicate 100% net.*

Account Number	Routing & Transit Number	Amount	(or)	%
			(or)	
			(or)	
			(or)	
			(or)	

SAVING ACCOUNT(S)** *For full net pay, indicate 100% net.*

Account Number	Routing & Transit Number	Amount	(or)	%
			(or)	
			(or)	
			(or)	
			(or)	

NAME: _____

ADDRESS: _____

I understand it is my responsibility to verify that my account has been credited with the correct deposit amount before conducting any withdrawals or writing any checks against same.

_____ _____

Signature *Date*

*For checking accounts, attach a voided check or a bank spec sheet. Please call your bank for a spec sheet.
** For savings accounts, attach a bank spec sheet. Please call your bank to obtain a spec sheet.