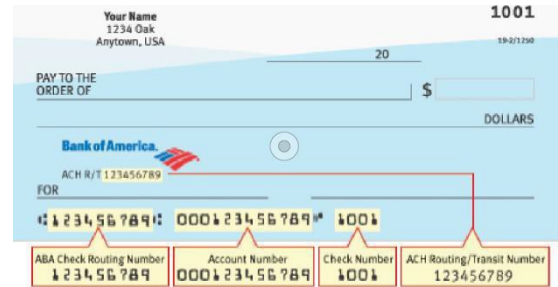


DIRECT DEPOSIT AUTHORIZATION

Account Information

A voided check and/or a letter from your financial institution, which includes the ACH Routing Number and your Bank Account Number, should be included with your request for each account to be set up. The sample on the right shows the placement of the information required to complete this form.

If using a Netspend Skylight Paycard, please enter "Republic Bank and Trust Company" as the Bank Name and enter the Netspend Skylight routing and account number provided on your paycard.



I authorize Oasis to electronically deposit to the accounts below:

<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
Pay allocation for this account: <input type="checkbox"/> Fixed Amount: \$	<input type="checkbox"/> Percentage of Pay: % <input type="checkbox"/> Remainder/Balance of Pay
Bank Name:	
ACH Routing Number: (Routing number cannot start with a 5 and must be 9 digits)	Bank Account Number:

<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
Pay allocation for this account: <input type="checkbox"/> Fixed Amount: \$	<input type="checkbox"/> Percentage of Pay: % <input type="checkbox"/> Remainder/Balance of Pay
Bank Name:	
ACH Routing Number: (Routing number cannot start with a 5 and must be 9 digits)	Bank Account Number:

Electronic Pay Stub

You will automatically be enrolled in electronic paperless pay stubs, unless you choose to receive a paper stub by checking the box below.

I wish to receive paper pay stubs

Changes in banks or banking account information will require immediate notification to the Oasis Payroll Department and will result in a live check being received for up to two pay periods from the time the change is received by Oasis. I understand that any changes, including stopping my direct deposit, must be submitted by me in writing at least one week prior to my next scheduled pay date. I agree that in the event that Oasis erroneously deposits money into my account, I authorize Oasis to debit my account for an amount not to exceed the original amount of the erroneous deposit. Should the funds no longer be in my account and these funds were not rightfully mine, I agree to return the amount of the erroneous deposit in full, upon demand. By signing this form, I agree to all the conditions and fees imposed by the bank for all actions and exceptions noted above.

Employee Signature

Date

Print Name

Social Security Number