Authorization for Direct Deposit

This authorizes <u>M.E. Simpson Company, Inc. (the "Company")</u> to send credit entries (and appropriate debit and adjustments entries), electronically or by any other commercially accepted method, to my (our) account 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 One

Type (e.g. Checking, Savings...) _____

EMPLOYEE BANK NAME _____ BRANCH _____

CITY _____ STATE _____ Zip _____

BANK ROUTING # _____ ACCOUNT # _____

Account Two

Type (e.g. Checking, Savings...) _____

Amount to Deposit ($ or %) _____

EMPLOYEE BANK NAME _____ BRANCH _____

CITY _____ STATE _____ Zip _____

BANK ROUTING # _____ ACCOUNT # _____

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 _____

EMPLOYEE S.S.# _____

DATE _____