

Employee Direct Deposit Authorization

Employee Name, First	Middle	Last
Address		
City	State	Zip Code

Account Type	Bank Account Information
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New Add Delete
 Checking Account Savings Account

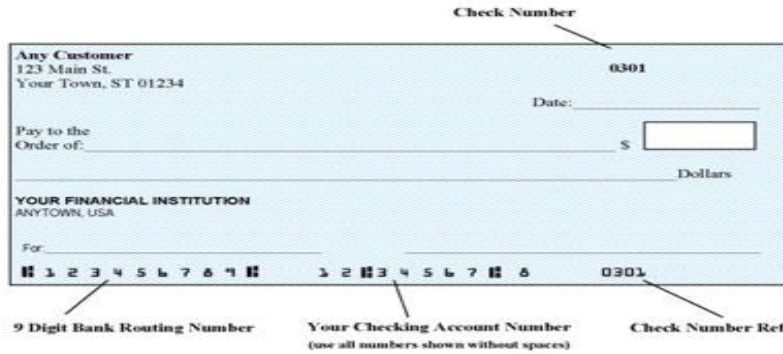
Routing #:
Account #:

Account Type	Bank Account Information
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New Add Delete
 Checking Account Savings Account

Routing #:
Account #:

Please use this image as a reference for obtaining your correct account information



Write VOID across blank check or deposit ticket and attach to this page

I, _____, hereby authorize Aqua Tech Pool Management, LLC, hereafter called "Company" to initiate credit entries, and, if necessary, debit entries and adjustments for any credit entries in error to my/our account(s) indicated above. If monies that are not entitled to me are deposited into my account, I authorize the Company (depositor) to direct the financial institution to return said funds. This authority will remain in affect until I have filed a new authorization, or upon termination of my employment with said company. I also acknowledge that direct deposit is not guaranteed and will take no less than 10 business days from my first/next check date to become active due to the ACH pre-note process.

X _____
Signed (Employee) Date: mm/dd/yyyy

X _____
Signed (Human Resources) Date: mm/dd/yyyy

Below is reserved for Aqua Tech use only

Date Entered:	By:
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