CN Holdings, Inc.
Employee Direct Deposit Enrollment Form

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager. Attach a voided check for each checking account-not a deposit slip.   Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.

Memo_____   _____

ı :012345678I ı :   123456789ıı   0101

| Routing Transit #: 9 Digit # always between these two marks | Checking Account # | Check# (this number matches the number in the upper right-hand corner of the check. This is not required for direct deposit. |

Important! Please read and sign before completing and submitting. I hereby authorize PayData to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by PayData to my account. In the event that PayData deposits funds erroneously into my account, I authorize PayData to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until PayData and Bank have received written notice from me of its termination in such time and in such manner as to afford Pay Data and Bank reasonable opportunity to act on it.

Employee Name _____   SS#_____

Employee Signature_____   Date_____

Email Address to Send Check Stub to:_____

Account Information

The last item must be for the remaining amount owed to you. Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name/City/State:_____, _____, _____

   Routing/Transit #: _____   Account Number:_____

   Circle One: Checking   Savings   Other   I wish to deposit:$ _____.00 or Entire Net Amount

2. Bank Name/City/State:_____, _____, _____

   Routing/Transit #: _____   Account Number:_____

   Circle One: Checking   Savings   Other   I wish to deposit:$ _____.00 or Entire Net Amount

3. Bank Name/City/State:_____, _____, _____

   Routing/Transit #: _____   Account Number:_____

   Circle One: Checking   Savings   Other   I wish to deposit:$ _____.00 or Entire Net Amount

4. Bank Name/City/State:_____, _____, _____

   Routing/Transit #: _____   Account Number:_____

   Circle One: Checking   Savings   Other   I wish to deposit:$ _____.00 or Entire Net Amount

5. Bank Name/City/State:_____, _____, _____

   Routing/Transit #: _____   Account Number:_____

   Circle One: Checking   Savings   Other   I wish to deposit:$ _____.00 or Entire Net Amount