



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

COMPANY: _____

EMPLOYEE NAME: _____ SSN: _____

I hereby authorize Altera hereafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereafter called DEPOSITORY, to credit and debit the same entries to such account.

COMPLETE TO ENROLL, ADD, OR CHANGE BANK ACCOUNT INFORMATION				
Depository (Bank) Name	Routing Number	Bank Account Number	Account Type	Deposit Instruction(s)
			Checking	_____% of net
			Savings	Specific dollar amount \$ _____
				Remainder of net pay
			Checking	_____% of net
			Savings	Specific dollar amount \$ _____
				Remainder of net pay
			Checking	_____% of net
			Savings	Specific dollar amount \$ _____
				Remainder of net pay

Note: REQUIRED INFORMATION - For each deposit listed, attach a voided blank check to validate account information. If no check is available, please request direct deposit documentation from your bank that includes the routing number and bank account number needed for direct deposits.

Special Note: It is agreed upon signing this form, I understand that COMPANY is not responsible for the consequences of any late or lost deposits beyond their control.

This authority is to remain in full force and remain in effect until COMPANY has received written notification from me on its termination in such time and in such manner as to afford COMPANY a reasonable time to act on it.

SIGNATURE: _____ DATE: _____