



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

COMPANY: _____

EMPLOYEE NAME: _____

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.

DEPOSITORY (BANK) NAME: _____

CITY: _____ STATE: _____ ZIP: _____

BANK TRANSIT NO: _____ ACCOUNT NO: _____

INDICATE ACCOUNT TYPE: CHECKING OR SAVINGS

AMOUNT OR PERCENT TO BE DEPOSITED (100% of net pay or flat amount): _____

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.

EMPLOYEE NAME: _____ SSN: _____

SIGNATURE: _____ DATE: _____

Note: REQUIRED INFORMATION - Please 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.