

DIRECT DEPOSIT AUTHORIZATION

I (we) hereby authorize Cascade Electrical Contracting Corporation to initiate credit entries, and if necessary, debit correction and adjustment entries to my (our) account at the financial institution listed below.

Financial Institution Name

Branch

Address, City, State, Zip

Routing/Transit Number

Account Number

Account Type

Designated Amount

Routing/Transit Number

Account Number

Account Type

Designate Amount

This authority is to remain in full force and effect until Cascade Electrical Contracting Corporation has received written notification from the recipient of its termination in such a time and manner as to afford Cascade Electrical Contracting Corporation a reasonable time to act upon it.

Signature

Date

Printed Name

(Please attach a voided check or financial institution account verification letter to this form)