USA DRIVERS INC
DIRECT DEPOSIT AUTHORIZATION FORM

NAME:
SSN:

I hereby authorize: **USA Drivers Inc.**
To initiate: [ ] debit/ drafts [ ] credits/payments
To my: [ ] checking account [ ] savings account

I understand that, if necessary, an adjusting debit or credit entry may be made to correct an error. I also authorize the financial institution named below to credit and/or debit my account for the correcting entries. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

ACCOUNT INFORMATION

NAME OF BANK:
CITY / STATE
BANK ROUTING NUMBER:
ACCOUNT NAME:
ACCOUNT NUMBER:

This authority will remain in full force and effect until such time as USA DRIVERS INC has received written notification from me that the draft authorization has been revoked. It is further provided that written notification of termination, by either party, shall be provided in such time and manner as to afford either party reasonable opportunity to act on it.

Signature of account owner:	**Date:**

Please attach a voided check.