



ANCHORAGE OFFICE  
101 W BENSON BLVD, SUITE 202  
ANCHORAGE AK 99503



## DIRECT DEPOSIT AUTHORIZATION FORM

Please check all that apply:

- New                       Change                       Cancel

I hereby authorize Leisnoi, Incorporated to initiate credit entries to my bank account. I also authorize Leisnoi to initiate, if necessary, debit entries and adjustment for any credit entries made in error to my depository account specified below. Leisnoi, Inc. reserves the right to discontinue direct deposit payments at any time due to system failures or any incidents beyond the control of the company. I also understand if for unforeseen reason the deposit does not post, we will resolve within 14 business days or a check may be issued during this time.

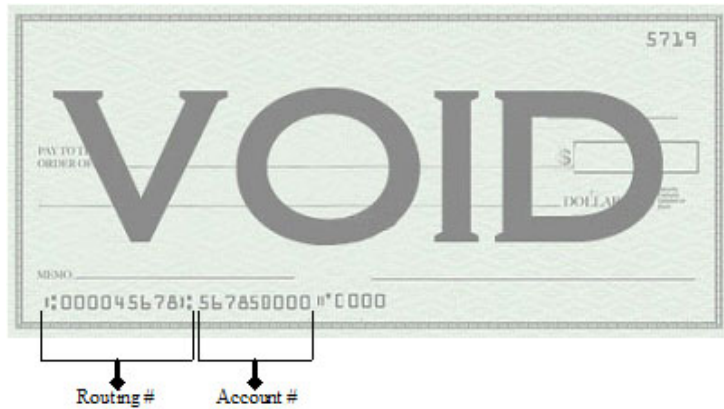
Please check one:

- Checking                       Savings                      Bank Name: \_\_\_\_\_

Bank Account#: \_\_\_\_\_ Routing #: 

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Attach a voided check here:



SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

By my signature, I authorize and request Leisnoi, Inc. to enter the listed above information into my records. This information will remain in effect until I inform Leisnoi, Inc. or cancellation in writing.

