



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Employer: _____

I (we) hereby authorize **Newport Group, Inc.**, hereinafter called COMPANY, to initiate credit entries to my (our) account at the depository Financial Institution cited below.

I (we) acknowledge that the authorization will remain in effect until I have cancelled it in writing and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Select one) Checking Account Savings Account

Financial Institution _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time, and in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.

Name (s) _____ Last 4 digits SS # XXX-XX- _____
(Please Print)

Date _____ Signature _____