

Reverse Wire Transfer (Drawdown) Authorization Form

I (we) hereby authorize [*enter customer bank name*] _____ to act on our behalf to respond to a "Wire Transfer Draw-Down Request" from the Customer (listed below). The response will result in the initiation of a charge to the Demand Deposit Account (listed below) and the creation of outbound wire transfer(s) to the Company Account and the Company Depository/Institution (listed below). I certify that I am the owner or an authorized signer on the Demand Deposit Account and have withdrawal or deposit rights on the Company Depository's records. I (we) acknowledge that the origination of wire transfers to this account must comply with the provisions of U.S. law. This authorization shall remain in effect until the bank is notified in writing to cancel the service.

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| Demand Deposit Account # / Bank account # | |
| Customer Bank Name | |
| Company Name | |
| Authorized by (Name of authorized signer of bank account) | |

ADP's Bank Information:

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|---|---|
| Purpose of Transfer | Payment Transfer |
| Recipient Company | ADP |
| Recipient Address | 400 Covina Blvd, San Dimas, CA 91773 |
| Company Depository / Institution Name | Chase |
| Bank Address | One Chase Manhattan Plaza New York, NY 10005 |
| Account Name | ADP Client Trust |
| DDA/Account # / Company Bank Account # | 988467905 |
| ABA/Routing # / Company Bank Routing # | 021000021 |
| Bank Phone Number | (978) 805-1200 |
| Bank Account Type | Checking |