

Oasis Channel Partner Direct Deposit Authorization Form

(email to ChannelPartners@OasisPEO.com) I hereby authorize the direct deposit of my commission checks by Oasis Outsourcing Holdings, Inc. ("Oasis") into the account at the financial institution indicated below. Direct deposit into this account will continue unless I choose to terminate this agreement in writing, or it is my final reimbursement.

I understand that it is my responsibility to notify Oasis of any change in bank account numbers due to change in banks and/or bank mergers at least one week in advance. In the event Oasis deposits funds erroneously into my account, I hereby authorize and agree that Oasis may debit my account for an amount not to exceed the original amount of the erroneous credit.

Legal Name*	Accounts Payable Con	tact Name*	Accounts Payable Contact Email*
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Signature*			S
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Type of Account		Change or Disal	
Checking Savings		Change Pre	evious Account Disable
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Name of Financial Institution	Te	ephone of Financi	ial Institution
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Address of Financial Institution	<u> </u>		
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Routing/Transit Number	Q ₁ Ac	count Number	
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PLEASE TAPE A VOIDED CHECK FOR CHECKING ACCOUNT AND/OR DEPOSIT SLIP FOR SAVINGS.			
Incomplete or unacceptable information will delay the start of your direct deposit and/or savings amount(s).			
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For Review			
CALL			
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Entered By (Internal Use Only)			