

**DIRECT DEPOSIT & TAX WITHHOLDING REQUEST FORM
FOR PAYMENTS ISSUED BY COMERICA BANK**

YOUR PERSONAL INFORMATION

Print Name _____

Social Security Number _____

Address _____

City _____

State _____

Zip _____

Fire Department / District _____

Phone Number _____

DIRECT DEPOSIT INFORMATION

FOR DEPOSIT INTO A CHECKING ACCOUNT, YOU MUST RETURN A VOIDED CHECK. FOR DEPOSIT INTO A SAVINGS ACCOUNT, YOU MUST RETURN A CLIENT STATEMENT OR A SIGNED LETTER ON BANK LETTERHEAD CONFIRMING THE ACCOUNT TITLE, ACCOUNT NUMBER, AND ABA ROUTING NUMBER.
Please note that you may receive a check for the first and second payment before direct deposit begins.

Bank Name _____

Account Type: _____ Savings _____ Checking

Branch Location _____

Bank Phone Number _____

Account Title/Name: _____

Account Number: _____

ABA Routing Number: _____

Will the payment that is made via direct deposit pursuant to this authorization be forwarded across the U.S. border to a foreign financial institution through the ACH network on the same day that it is deposited into your account? _____ YES _____ NO (If no selection is made, we will assume NO.)

FEDERAL/ STATE TAX WITHHOLDING INFORMATION

I wish to withhold the following percentage of my Service Award payment for **Federal taxes**: _____%.
If line is left blank, no Federal income tax will be withheld.

I wish to withhold the following percentage of my Service Award payment for **State taxes**: _____%.
If line is left blank, no State income tax will be withheld.

Signature _____

Date _____

Please return this form to: Penflex, Inc.
50 Century Hill Drive, Suite #3
Latham, NY 12110

If you have any questions regarding the information on this form, please contact Penflex, Inc. at (800) 742-1409.