

BCF SOLUTIONS FRANCE, sarl

Europarc de Pichaury Bâtiment B5
1330 Avenue Guilibert de la Lauzière
13856 Aix-en-Provence cedex 3 France

Authorization for Direct Deposit – Employee Form

Employee Name: _____ Employee #: _____

Employee Address: _____ Employee City: _____

Employee Country: _____

This authorizes BCF Solutions France, sarl to send credit entries (and appropriate and adjustment entries), electronically or by any other commercially accepted method, to my (our) account indicated below and to other accounts I (we) identify in the future (the “account”). This authorizes the financial institution holding the Account to post all such entries.

Please attach a voided check for the Checking Account or a deposit slip for the Savings Account.

Account Information

Select One: Checking Savings

Bank Name: _____

Bank Address: _____

Bank City: _____ Bank Country: _____

RIB: _____ IBAN: _____

Account #: _____ BIC: _____

This authorization will remain in effect until the Company receives a written termination from the employee and has a reasonable opportunity to act on it.

Employee Signature

Employee Printed Name

Date

This document must be signed by the employee requesting automatic deposit of paychecks and retained on file by the employer.