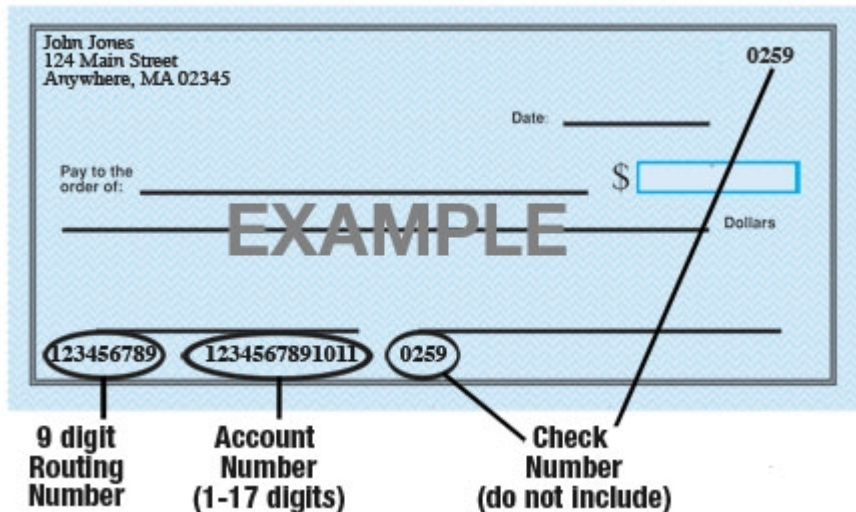


Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: John Doe
Address: 29 Elm St
City, State, Zip: Ronkonkoma, 11779



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ _____% or Entire Paycheck

Type of Account: Checking Savings (Check One)

Attach a voided check for each bank account to which funds should be deposited (if necessary)

Juiced Technologies is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: _____

Date: _____



This form is provided as a sample and may not be suitable for every situation. This form should not be considered legal advice or legal opinion. There may be state or municipality specific information that would affect your use of this form. You should review applicable law in your jurisdiction and consult experienced counsel for legal advice. If you use this form (either "as is" or by modifying the form), you are responsible for all content.

YOU SHOULD REMOVE THIS TEXT BEFORE USING THE FORM IN YOUR WORKPLACE

Physician Contact

Doctor's Name	_____
Phone Number	_____

<p>Employee Authorization</p> <p>I have voluntarily provided the above contact information and authorize Juiced Technologies and its representatives to contact any of the above individuals on my behalf in the event of an emergency.</p> <p>_____ <i>Employee signature</i></p> <p>_____ <i>Date</i></p>
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DMV

CALIFORNIA

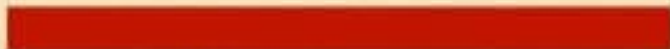
DMV

DRIVER LICENSE

Placeholder for license information, consisting of six horizontal light blue bars.



Placeholder for license information, consisting of a single horizontal light blue bar.



Signature