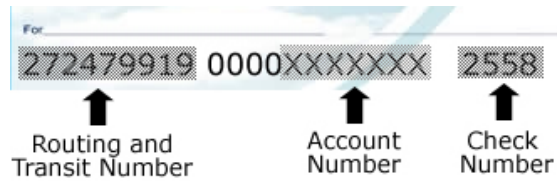


Authorization for Direct Deposit – Employee Form

This Authorizes **Brahma Group, Inc.** (the “Company”) to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account indicated below. This authorizes the financial institution holding the account to post all such entries.

Account Type (check one):

- Checking
- Savings



Employee Bank Name

Bank Routing # (ABA#)

Account #

Please attach a voided check for here.

This authorization will be in effect until the company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Printed Name

Date

Important: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check for their account to help verify their account numbers and bank routing numbers.

Employees: Please fill out and return to your employer.

Employer: Please save for your files only.

Employer Use Only – Effective Date: _____

Created: 01/2014

Rev1