MASLOW MEDIA GROUP, INC.

2233 Wisconsin Avenue NW, Suite # 400, Washington, D.C. 20007 Phone: 202-965-1100

DIRECT DEPOSIT
EMPLOYEE AUTHORIZATION FORM

The authorization form provided below gives your financial institution and ADP authority to deposit your paycheck to your account.

1. Fill in your name, your bank's name and location, and date.

2. Mark the box to indicate whether your pay will be deposited in your checking or savings account.

3. Attach a voided sample check for verification of all bank information. (For deposit into a savings account, attach a savings deposit slip).

4. Be sure to sign the form.

5. Return the completed form to the address listed above or fax to (202)965-6172.

AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSIT

I authorize my Employer and the bank indicated below to deposit my net pay automatically to my account each payday. If monies to which I am not entitled are deposited to my account, I authorize my Employer to direct the Bank to return said funds. This authority will remain in effect until I have canceled it in writing.

Bank Name: _____ Branch Address: _____
City, state: _____
Account Number: _____ ABA/Routing Number: _____
____Checking ____Savings

Bank Name: _____ Branch Address: _____
City, state: _____
Account Number: _____ ABA/Routing Number: _____
____Checking ____Savings

Bank Name: _____ Branch Address: _____
City, state: _____
Account Number: _____ ABA/Routing Number: _____
____Checking ____Savings

Name (please print): _____

Signature: _____ Social Security #: _____

Please attach a voided check for verification of bank data

DO NOT WRITE BELOW THIS LINE

Division: _____ I.D. Number: _____
Employee Social Security: _____
Location: THE MASLOW MEDIA GROUP, INC. Location No._____