

DIRECT DEPOSIT ELECTION NOTICE

For your convenience, Zen CA's employees are eligible to participate in the Payroll Direct Deposit program. Employees who have a savings or checking account with almost any bank or financial institution in the United States are eligible to participate. If you choose to participate in the direct deposit program, your net pay will automatically be credited to your personal checking and/or savings account each payday.

You will receive an earnings statement in lieu of a paycheck, which reflects the same information that is shown on the paycheck "stub." To begin automatic payroll direct deposit, please complete the ADP Direct Deposit form by attaching a voided check or bank spec sheet for each account, sign the form and return it to Human Resources at least ten days before the pay period for which you'd like direct deposit service to begin.

You should carefully monitor your payroll deposit statements for the first two pay periods after the service begins. If you ever wish to stop automatic payroll deposit once it's begun, you must notify Human Resources at least ten days before the pay period for which service should end.

By signing the ADP Direct Deposit Form, you are authorizing Zen CA to direct deposit your paycheck to the account listed on the ADP DD Form. If monies to which you are not entitled are deposited to your account, Zen CA will initiate, if necessary, any debits or adjustments for any credit entries made in error, or to deduct the overpaid amounts from subsequent paychecks. This authority is to remain in full force and effect until I revoke it by giving 10 days prior written notice to Zen CA, or, in case of payroll deposits, upon termination of my employment with Zen CA

Funds directly deposited to your account are not available until the day after they are issued by Top Flight Distribution, and you agree to hold harmless Zen CA or any of its employees for failure or delay in making deposits and/or corrections to deposit.



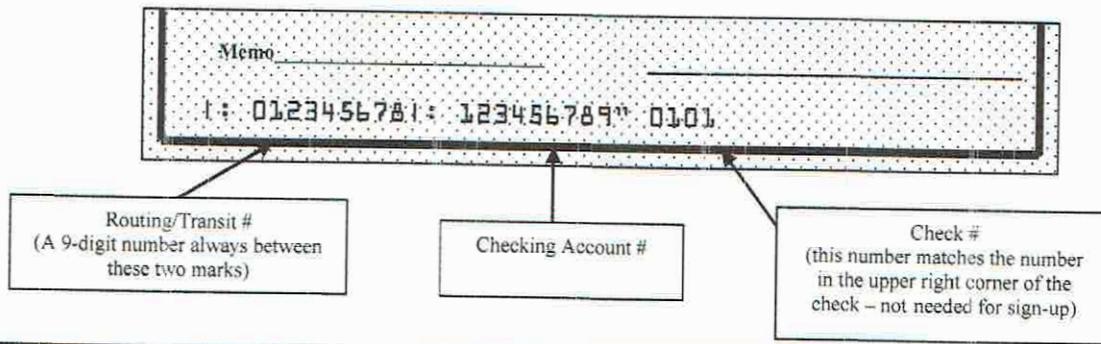
Employee Direct Deposit Enrollment Form

Payroll Manager – Please complete this section and send a copy to ADP for enrollment. (Please print.)

Company Code: _____ Company Name: _____ Employee File Number: _____
Payroll Mgr. Name: _____ Payroll Mgr. Signature: _____

To enroll in Full Service Direct Deposit, simply fill out this form and give to your payroll manager. Attach a voided check for each checking account - not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize ADP to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by ADP to my account. In the event that ADP deposits funds erroneously into my account, I authorize ADP to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until ADP and Bank have received written notice from me of its termination in such time and in such manner as to afford ADP and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____

Employee Signature: _____ Date: _____

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

- Bank Name/City/State: _____
Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount
- Bank Name/City/State: _____
Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount
- Bank Name/City/State: _____
Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount

ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.