

EXHIBIT 7

PAYROLL AUTHORIZATION FORM

Employee Name: _____

Please choose one option only. We do not provide actual paper checks.

Check One

Option 1: Receive pay using Global Cash Card.

Option 2: Direct Deposit.

Also attach a voided check or for a saving account a deposit slip for each direct deposit requested.

TYPE OF ACCOUNT	BANK	ACCOUNT NO.	DOLLAR AMOUNT	FULL DEPOSIT
Checking			\$	
Saving				
Other				

I hereby authorize _____ to start direct deposit(s) from my salaries and wages in the amount specified above.

Furthermore, I hereby authorize _____ to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error.

Direct deposits are optional and will be continued until cancelled by me in writing.

Employee Signature

Date