

**PAYCHEX, INC.**

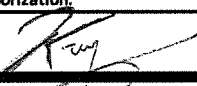
**Direct Deposit Enrollment / Change Form\***

*Note: Digital or Electronic Signatures are not acceptable*

Company Name and/or Client Number Mano Engineering LLC

Employee/Worker Name Khongmeng Kormoua Employee/Worker Number \_\_\_\_\_  
(Print Legible First and Last Name)

Employer/Employee: Retain a copy of this form your records

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY																
Add new account <input checked="" type="checkbox"/>		Update existing account				Replace existing (Account # being replaced)										
Type of Account: Checking <input checked="" type="checkbox"/>		Savings														
Account Holder's Name:		Khongmeng Kormoua														
<i>If a Trustee or Custodial for a Minor, please list complete title of account. (Example: John Doe Custodian for Minor Jane Doe)</i>																
Routing/Transit Number		3	2	2	2	7	1	6	2	7						
Account Number **		5	9	8	2	5	6	1	9	9						
Financial Institution ("Bank") Name:		JPMorgan Chase														
Deposit of Pay (select one):		% of net				Specific dollar amount \$				.00		Remainder of Net <input checked="" type="checkbox"/>				
Add new account		Update existing account				Replace existing account										
Type of Account: Checking		Savings														
Account Holder's Name:																
<i>If a Trustee or Custodial for a Minor, please list complete title of account. (Example: John Doe Custodian for Minor Jane Doe)</i>																
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Routing/Transit Number																
Account Number **																
Financial Institution ("Bank") Name:																
Deposit of Pay (select one):		% of net				Specific dollar amount \$				.00		Remainder of Net				
CONFIRMATION STATEMENT - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY																
<p>I authorize my employer/company to deposit my earnings into the bank account(s) specified above, and, if necessary, to electronically debit my account to correct erroneous entries. I certify my account(s) allow these transactions. Furthermore, I certify that the above listed account number accurately reflects my intended receiving account. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer/company make direct deposits into the named account. I understand that this authorization will remain in full force and effect until I notify Company in writing that I wish to revoke my authorization. I understand that the Company requires at least 5 business days prior notice to cancel this authorization.</p>																
Employee/Worker Signature: 										Date: <u>10/20/25</u> (MM/DD/YY)						
<p>I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc. I have reviewed the information provided and it is accurate to the best of my knowledge. My signature below indicates that I have the authority to execute this document on behalf of the Client.</p>																
Employer/Authorized Company Representative Printed Name:																
Employer/Authorized Company Representative Signature:										Date: (MM/DD/YY)						
<p>* All fields are required except Employee/Worker Number.  ** Certain accounts may have restrictions on deposits and withdrawals. Verify with your bank for more information specific to your account.</p>																