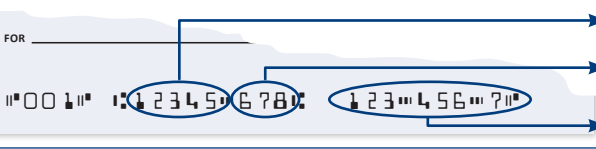


Direct Deposit Enrolment or Change Request

How to enrol for direct deposit (or modify information already supplied)

You may enrol online via your Immunotec Business Center. You may also enrol for direct deposit or modify your payment information by filling in this form and sending it to Immunotec by fax at 1 (877) 424-5050 or at (514) 424-9993 or by mail to 300 Joseph-Carrier, Vaudreuil-Dorion, Québec, J7V 5V5.

Please use a pen and print clearly in all the spaces provided.

IDENTIFICATION			
Last Name	First Name	Consultant ID Number	
Address		☎ Day	
City or Town	Province	Postal Code	☎ Night
I REQUEST THAT IMMUNOTEC: (Cheque the appropriate box)			
<input type="checkbox"/> START depositing credit balance funds due to me from commissions/bonuses into my bank account pursuant to the financial institution information provided below. (Commission statement may be viewed in your online Business Center)			
<input type="checkbox"/> STOP depositing credit balance funds due to me from commissions/bonuses into my chequing or savings account. All future commissions/bonuses should be sent via a cheque to my address on file.			
<input type="checkbox"/> CHANGE my direct deposit routing and/or account number according to the information provided below. (Please attach a new voided cheque.)			
Being enrolled with the direct deposit program, Immunotec will pay your commissions/bonuses the 12 th of the month for the prior month. The Branch of the Financial Institution to which your bank account belongs must be located in Canada .			
BANKING INFORMATION			
From one of your cheques, enter requested numbers in full, including zeros			
		Branch Number Financial Institution Number Account Number	
Please attach a voided cheque separately. If you do not have a cheque, please contact your bank for the appropriate document to replace the voided cheque. In order to validate your personal identification, requests sent without printed personal information on a voided cheque or a specific banking account confirmation from the institution will not be processed by Immunotec.			
AUTHORIZATION			
I, the undersigned, hereby authorize Immunotec Inc. ("Immunotec") to proceed with direct deposits to my bank account at the financial institution indicated above. I confirm that I am an authorized signatory of this bank account. This authorization shall remain in full force and effect until:			
(i) Immunotec has received written notice from me of my withdrawal from the direct deposit program, and; (ii) Immunotec has received such written notice at least 15 days in advance of the next payment, to allow Immunotec enough time to implement such change.			
I understand that this authorization replaces any previous authorization consented to Immunotec on this subject matter.			
I agree that Immunotec is entitled to and shall rely solely on the direct deposit authorization form provided by the undersigned. Immunotec is not obligated to make, nor will it make any independent inquiries to determine the accuracy or completeness of the information provided on this form. In addition, Immunotec is neither responsible nor liable for any errors made on the part of the financial institution at which such deposits are instructed to be made.			
I understand that I must notify Immunotec immediately of any change in my banking information, should I close the bank account, or should my financial institution change my routing number or account number. I understand that failure to notify Immunotec of any such change may delay my receipt of commissions/bonuses. Immunotec will not be responsible for any banking fees or penalty charges of any kind that may be charged by my financial institution in relation with such deposits and Immunotec will not be responsible for my treasury activities associated with this account.			
Signature _____		Date (YYYY-MM-DD) _____	
Print Name _____			