

## DIRECT DEPOSIT OF PAY

I hereby authorize Inspire Medical ("Company") to initiate credit entries and to, if necessary, initiate debit entries and adjustments to any credit entries in error to my account(s) indicated below and the depository named below, hereinafter called BANK, to credit and/or debit the same to such amount.

I understand that payments is not final until BANK receives final settlement, and that BANK is not required to give me notice of these entries. Further, the origination of credit and/or debit entries by Company and Republic Bank & Trust Company are bound by U.S law and NACHA Operating Rules.

This authority is to remain in full force and effect until the Company's Payroll Department has received written notification from me of its termination in such time and manner as to afford the Company reasonable time to act on it.

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Employee Name: \_\_\_\_\_

Company Name if different than employee name: \_\_\_\_\_

Social Security Number or Tax ID: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Signed Electronically: Yes\_\_\_\_ No\_\_\_\_

Bank Name: \_\_\_\_\_

ABA: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_  
(include voided check)