DIRECT DEPOSIT AUTHORIZATION

Name of employer/company making payment:

NATIONAL BUREAU OF ECONOMIC RESEARCH, INC.

Name of employee receiving payment:

Employee social security number:

Please indicate how you would like your check deposited:

Checking Account: ABA Number: _____

Account #: _____ Bank: _____

Amount: $ _____ Net Amount $ _____ Other Amount $ _____

Savings Account: ABA Number: _____

Account #: _____ Bank: _____

Amount: $ _____ Net Amount $ _____ Other Amount $ _____

I hereby authorize the company named above to deposit the payment described above to my account(s) at the financial institution(s) named above. Also, the company named above is authorized to adjust any over deposit which is caused to be made to my account. I will not hold the financial institution(s) named above liable for any erroneous deposits or adjustments made by the company named above.

_____ _____

signature date