



Direct Deposit Authorization Form

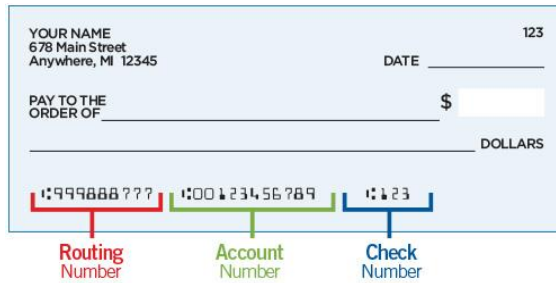
Complete ALL the information on entire form.

Name: _____

Address: _____

City, State, Zip: _____

Employer: _____



Primary Direct Deposit

New Change Revocation

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ _____% or Entire Paycheck

Type of Account: Checking Savings (Check One)

Second Direct Deposit (Optional)

New Change Revocation

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: Total remaining after first deposit (contact if another deposit is needed)

Type of Account: Checking Savings (Check One)

I authorize Employer (“COMPANY”), to initiate credit entries to my account(s) at the financial institution(s) (“BANK”) indicated. Further, I authorize BANK to accept and credit entries indicated by COMPANY to above account(s).

Further, I authorize COMPANY, BANK and COMPANY’S payroll service provider to debit my account in the event of an incorrect credit; or, for which the COMPANY did not timely or completely fund the credit for an amount not to exceed the original amount of the erroneous, non, or underfunded credit.

I agree that this authority is to remain in full force and effect until COMPANY, BANK and COMPANIES payroll service provider have received written notification from me of its termination in such time in such manner as to afford reasonable opportunity to act on it. I also acknowledge that I have retained a copy of this form.

Signature: _____

Date: _____