

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

COMPANY NAME: _____

EMPLOYEE NAME: _____

HOME ADDRESS: _____

ACCOUNT 1

ACCOUNT 1 TYPE Checking Savings AMOUNT: Percent% Amount \$

FINANCIAL INSTITUTION _____

BANK ROUTING NUMBER (ABA NUMBER) _____

ACCOUNT NUMBER _____

ACCOUNT 2 *(Remainder to be deposited to this account)*

ACCOUNT 2 TYPE Checking Savings AMOUNT: Percent% Amount \$

FINANCIAL INSTITUTION _____

BANK ROUTING NUMBER (ABA NUMBER) _____

ACCOUNT NUMBER _____

attach a voided check for each account here

AUTHORIZATION AGREEMENT

I hereby authorize Employer, either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank" indicated on this form). Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. In the event that Employer deposits funds erroneously into my account, I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and in such manner as to afford Employer and Bank reasonable opportunity to act on it.

EMPLOYEE SIGNATURE _____

DATE _____