

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I authorize the above named company to credit my account with the depository named below. If the company erroneously deposits funds into my account, I authorize the company to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.

PLEASE PRINT CLEARLY AND COMPLETE THE FORM IN ITS ENTIRETY

Bank Information:

Name on Account	Transit/ABA Number
Name of Bank/S&L/Credit Union/Other	Account Number
City, State, Zip (Of Bank)	<input type="checkbox"/> Checking Account OR <input type="checkbox"/> Savings Account

This authorization will remain in effect until the company has received written notification from me that it is to be terminated in such time and manner for the company to act on it.

Employee Information:

Name(s)	Social Security Number
Address	Telephone Number
City, State, Zip	
Signature	Date

You must attach a VOIDED check that is PREPRINTED with your name and address

TEMPORARY CHECKS ARE NOT ACCEPTABLE