

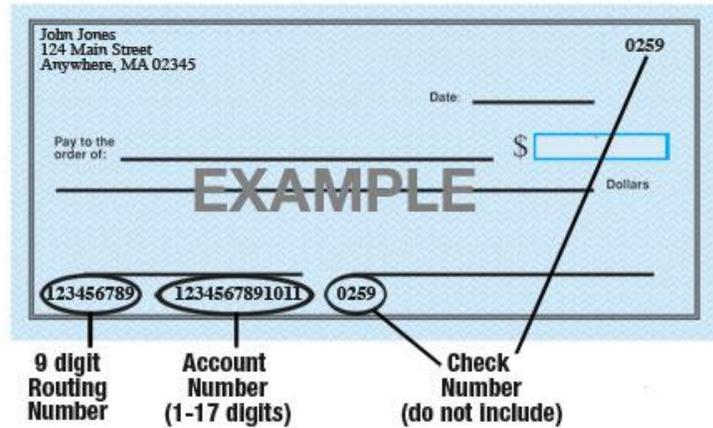
Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Circle One)

Please attach a voided check for the bank account to which funds should be deposited.

I hereby authorize my employer to initiate direct deposit to my account at the financial institution named above. I also authorize my employer to make withdrawals/reversals from this account in the event that a deposit is made in error. My employer will not be responsible for any bank fees resulting from a reversal of deposit due to error, in the event sufficient funds are not available.

I further agree not to hold my employer, it's owners or agents, responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or to an error on the part of my financial institution in depositing funds to my account.

Employee Signature: _____

Date: _____