Authorization for Direct Deposit

| This authorizes Summit Bookkeeping & Payroll, Inc., on behalf of | |
|--|--|
| | |
| Account #1 Type (check one):CheckingSavings | |
| Employee Bank Name | |
| Bank Routing # (ABA#) | Account # |
| Percentage or Dollar Amount to be Deposited to This Account | |
| Account #2 (remainder to be deposited to this account) | |
| Account #2 Type (check one):CheckingSavings | |
| Employee Bank Name | |
| Bank Routing # (ABA#) | Account # |
| This authorization will be in effect until the Company receives a reasonable opportunity to act on it. | written termination notice from myself and has a |
| Signature | |
| Printed Name | Date |

IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Please attach a voided check for each account here.