



Employee Direct Deposit Authorization

Employee Name: _____

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

Account 1

Account Type: Checking Savings

Bank Routing Number (ABA Number): _____

Account Number: _____

Percentage or Dollar Amount to be Deposited to This Account: _____

Account 2 *Remainder to be deposited into this account*

Account Type: Checking Savings

Bank Routing Number (ABA Number): _____

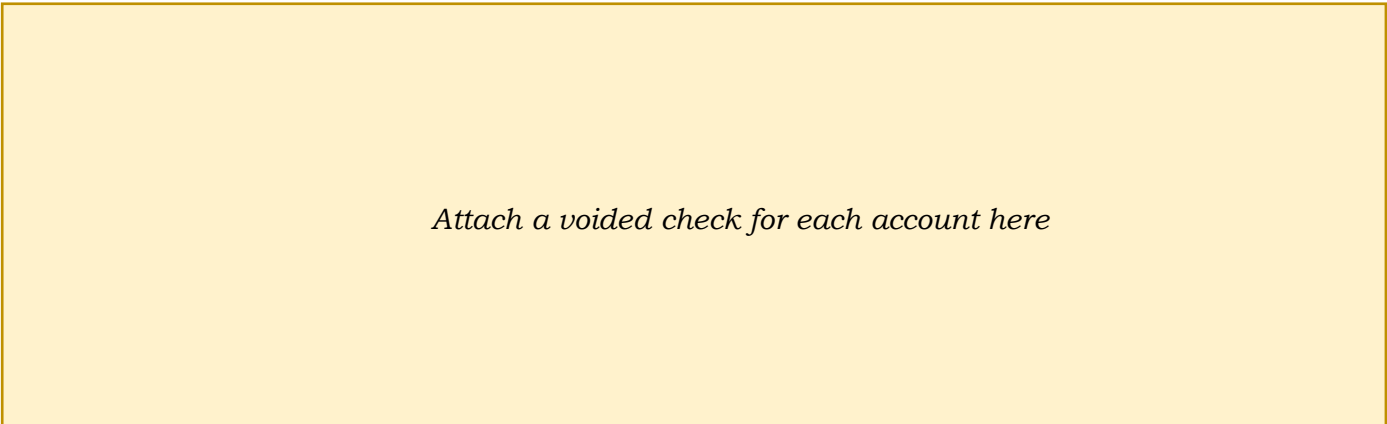
Account Number: _____

Authorization

*This authorizes _____ (the "Company") to send credit entries and the
(Company Name)
appropriate debit and adjustment entries electronically or by any other commercially accepted method, to my account(s) indicated above and to other accounts I identify in the future. This authorizes the financial institution holding the account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable US law. This authorization will be in effect until the Company receives a written termination notice from me and has a reasonable opportunity to act on it.*

Authorized Signature: _____

Print Name: _____ **Date:** _____



Attach a voided check for each account here