

Signature:

Authorization Agreement for Automatic <u>Deposits (Credits or Debits)</u>

I (we) hereby authorize	
credit entries and to initiate, if necessary, debit emade in error to my (our) checking / savings acco	-
First Account:	
Bank Name:	City:State:
Branch:	Zip Code: -
Amount: \$ OR Percentage:	% Type of Account:
Bank Routing/Transit Number	Employee's Account Number
Attach a VOIDED check or Direct Deposit Statement from bank for first account	
Second Account:	
Bank Name:	State:
Branch:	Zip Code: -
Amount: \$ or Percentage:	% Type of Account:
Bank Routing/Transit Number	Employee's Account Number
Attach a VOIDED check or Direct Deposit Statement from bank for second account COMPANY will provide me (us) with a notification of depositor earnings statement, which will include amount deposited to my (our) checking / savings account(s) and date(s) of the transfer deposit(s). This authority is to remain in full force and effect until Bank(s) has (have) received written notification from me (us) of its termination in such time and in such manner as to afford Bank(s) a reasonable opportunity to act on it. Name: SSN (Last 4 DIgits): Email:	

Date: