

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH CREDITS)

Company Name _____

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate CREDIT entries to my (our) _____ checking account/ _____ savings account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to CREDIT the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Employee's Depository (Bank) Name: _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification for me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name _____

Date _____

Signature _____

Staple Copy of VOIDED Check Here