

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize my employer, deposit any amounts owed me by initiating authorize BANK to accept and to credit at erroneously into my account, I authorize COI may do so without my notice or additional content written notice from me of its termination in s	credit entries to my account at the credit entries indicated by COM MPANY to debit my account for an acconsent. This authorization is to re	ne financial institution (hereinafter Ba IPANY to my account. In the even amount not to exceed the original am main in full force and effect until CO	ANK) indicated below. Further, I t that COMPANY deposits funds count of the erroneous credit and MPANY and BANK have received
Employee Name (please print)		Social Security #	
BEGIN DEPOSIT Primary Account	CHANGE INFORMATION	STOP DIRECT	DEPOSIT
Amount to Deposit: Full amount	or \$	or %	of pay check.
Name of Financial Institution:			
Type of Account: Check	ing Saving	gs	
Routing Number:			
Account Number:			
Secondary Account			
Amount to Deposit: Full amount	or \$	or %	of pay check.
Name of Financial Institution:			
Type of Account: Check	ing Saving	gs	
Routing Number:			
Account Number:			
	FOR SAVINGS AND Please contact you have number on your saving a valid routing to the number of the n	A Account. CCOUNTS: Four bank. S deposit slip IS NOT	
Employee Signature		Date	