

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

COMPANY NAME	PHONE NUMBER
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CHECK ONE:

<input type="checkbox"/> ADD (New Direct Deposit Participant)	<input type="checkbox"/> CHANGE (Financial Institution and/or Account #)	<input type="checkbox"/> DELETE (Cancel Participation in the Program)
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NOTE: Due to the time required for company and bank processing, please allow one or two pay periods for processing. You will receive a regular paycheck until the change can be processed.

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY FINANCIAL INSTITUTION		BRANCH	
CITY	STATE	ZIP CODE	

TRANSIT ROUTING NUMBERS	ACCOUNT NUMBER INFORMATION
: :	

CHECKING
 SAVINGS

This authority is to remain in full force and effect until COMPANY has received written notification from 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. **Please attach a voided check for account validation.**

NAME(S) - Please Print		EMPLOYEE ID NUMBER	
ADDRESS	CITY/STATE		ZIP CODE
SIGNED			DATE