

Authorization Agreement for Automatic Deposits
(ACH Credits)

I (we) hereby authorize The Payroll Department, Inc. herein after called "COMPANY", to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) () Checking () Savings account indicated below and the financial institution named below, hereinafter called "FINANCIAL INSTITUTION", to credit and/or debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

Transit/ABA No: _____ - _____ - _____

Account Number: _____ Account Type: _____
Checking/Savings

This authority is to remain in full force and effect until "Company" has received written notice from me (or either of us) of its termination in such time and in such manner as to afford "Company" and "Financial Institution" a reasonable opportunity to act on it.

(Print Individual Name) (Name of Employer)

(Signature) (Date)

ATTACH A VOIDED CHECK HERE
(NOT A DEPOSIT FORM)