



DIRECT DEPOSIT AUTHORIZATION

This authorization is [] NEW (No previous authorization filed with West Valley Engineering, Inc.)
[] CHANGE (Replace any previous authorization)

I hereby authorize West Valley Engineering, Inc., Prostar Staffing Services Inc., Accountant's Now! Inc., (hereinafter referred to as COMPANY) to initiate entries to my [] Checking [] Savings account (select one) indicated below and the financial institution named below (hereinafter referred to as DEPOSITORY), to credit the same to such account.

DEPOSITORY NAME: _____

BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

*Please attach a **voided check** for the above referenced account.*

I understand that I must allow a reasonable time for the COMPANY and DEPOSITORY to act upon this request for direct deposit (minimum of 3 weeks.)

This authorization is to remain in force and effect, while I am employee, until the COMPANY has received written notification from me on a "DIRECT DEPOSIT TERMINATION" form and until COMPANY and DEPOSITORY have had a reasonable chance to act upon such termination (generally about one week).

I understand that the normal payday at the COMPANY is Friday and that the COMPANY will initiate the direct deposit transaction by that day. I also understand that I depending on the DEPOSITORY that I have chosen it may take from one to three banking days for the transaction to be credited to my account.

I understand that once the COMPANY initiates a direct deposit transaction on my behalf, I cannot request cancellation of that transaction by the COMPANY. I also understand that I cannot get replacement of any transaction until the COMPANY has received credit for the initial transaction.

I understand that the COMPANY may cancel this direct deposit program, at any time, at the sole discretion of the COMPANY.

By my signature below, I hereby agree to all of the conditions stated above.

NAME: _____ SOC. SEC.#: _____

SIGNATURE: _____ DATE: _____