DIRECT DEPOSIT AUTHORIZATION

Payment Processor: <u>TNT Management Resources</u>, Inc.

EIN: 93-1090996

I (we) hereby authorize TNT Management Resources, Inc., hereinafter called COMPANY, to initiate credit entries to my (our):

(Select One) □ Checking Account □ Savings Account

indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. If at any time there is an erroneous entry placed to my account by said COMPANY, I authorize COMPANY to rectify or reclaim the entry. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Bank Name:	Branch:
City:	_State:Zip:
Routing No:	Account No:

I wish to deposit (select one): \Box 100% of my check \Box \$ of my check

This authorization is to remain in full force and affect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I understand that I (we) will be charged a \$10.00 fee for any check that is unable to be processed due to the fact that I (we) have given wrong information to COMPANY or my bank information changes and I fail to notify COMPANY.

Printed Name:Social Security #:

Signature: _____ Date: _____

ATTACH COPY OF VOIDED CHECK FROM ACCOUNT INDICATED ABOVE. Please do not use a deposit slip.



TNT also offers a Comdata cash card (debit card) for ACH transfer of your paycheck. This service does not require the cardholder to have a bank account. If you are interested in this service, please contact ACS at (866) 916-0310.

Direct Deposit Waiver: I (we) hereby waive my (our) rights to direct deposit:

Signature: _____ Date: _____

Printed Name: _____ Social Security #: _____

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