

## AUTHORIZATION FOR DIRECT DEPOSIT

Administrative/Office Support  
Accounting/Finance  
Healthcare • Information Technology

I hereby authorize Excel Partners, Inc. and my financial institution listed below to deposit my net payroll check automatically into my account. In the event of an overpayment to my account, I authorize Excel Partners, Inc. and my financial institution listed below to initiate an adjusting entry up to the amount of the overpayment, upon proper notice to me of the adjustment.

Last Name	First Name

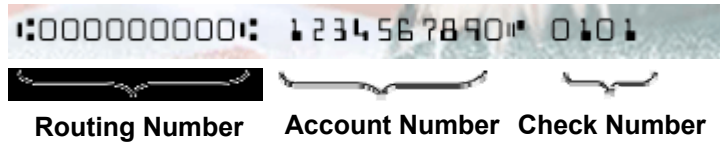
Street Address

City	State	Zip

Financial Institution Name

Routing Number (9 digits)	Account Number (Number of digits will vary, ignore any spaces)

*Your routing and account numbers are located at the bottom of your check or deposit slip.*



I understand this authorization for direct deposit remains in full force and effect until Excel Partners, Inc. has received written notification from me of its termination.

Direct deposits occur every Thursday morning for time cards received prior to 10am the previous Monday, regardless of holidays.

***A voided check or letter from your bank must accompany this authorization form for this request to be processed.***

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

***Attach a voided check  
or letter from your bank***