

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR DIRECT DEPOSIT OF PAYROLL

NAME _____

ADDRESS _____

TELEPHONE _____

SIGNATURE: _____ DATE: _____

I hereby authorize _____, hereinafter called
COMPANY, to initiate credit entries to my checking account, savings account (select one)
indicated below at the depository financial institution named below, hereafter called
DEPOSITORY, and to credit the same to such account. This credit entry to my account
represents a direct deposit of my pay in the bank account listed below. **I have attached a
voided check for the account specified below.** I acknowledge that the origination of ACH
transaction to my account must comply with the provisions of U.S. law.

Checking _____ Savings _____ **Check ONLY ONE**

Financial Institution _____

Street Address _____

City, State & Zip _____

Telephone Number _____

Personal Account Number _____

Dollar amount or % to be deposited into this account: 100%

Company Use Only: Bank/ABA Number _____

This authorization 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 time to act on it.

Signature: _____ Date: _____