

DIRECT DEPOSIT AUTHORIZATION

Payment Processor: TNT Management Resources, 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

(Select ONLY One) Add New Account Delete Existing Account Change \$ Amount

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): 100% of my check \$ _____ of my check

This authorization is to remain in full force and affect until COMPANY has received notification from me (or one of us) of its termination in writing by mail to 4935 Indian School Rd. NE, Salem, Oregon 97305. This notification must be received at least three (3) business days prior to the proposed effective date of the termination of authorization 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: _____

***A COPY OF A VOIDED CHECK OR A LETTER FROM THE BANK FOR THE ACCOUNT INDICATED ABOVE IS REQUIRED IN ORDER TO SET UP THIS AUTHORIZATION
A DEPOSIT SLIP IS NOT ACCEPTABLE***



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 TNT at (503) 463-0134.

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

Printed Name: _____ Social Security #: _____

Signature: _____ Date: _____