

For internal use	only	
Branch	EE#_	
Prenote sent		
Confirmation		

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize MJT ENTERPRISES, INC. dba Blue Ribbon Personnel Services, hereinafter called COMPANY, to initiate entries to my () Checking or () Savings (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account.

DEPOSITORY NAME:	BRANCH:		
CITY:	STATE:	ZIP:	
ROUTING NUMBER:	ACCOUNT NUMBER:		
For CHECKING DIRECT DEPOSITS at For SAVINGS DIRECT DEPOSITS at	ttach a deposit slip from tl	hat account.	
This authorization is to remain in full force and effective from me of its termination in such time and in such DEPOSITORY a reasonable opportunity to act on its	manner as to afford COM		
NAMEPlease print clearly	SS#		
SIGNATURE	DATE		
MAILING ADDRESSStreet			
NOTE: All written authorizations must provide that t	ne receiver may revoke tr	State & Zip ne authorization only by	

notifying the originator in the manner specified in the authorization.