

# EMPLOYEE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Company Name \_\_\_\_\_ Co# \_\_\_\_\_

I hereby authorize and request the COMPANY to make payment of any amount owing to me by initiating credit entries to my account indicated below in the bank named below, hereinafter called BANK, and I authorize and request BANK to accept any credit entries initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof.

I also authorize and request COMPANY to effect repayment to COMPANY for amounts owed it because of a prior erroneous credit initiated to my account prior to the initiation of the correcting entry. The COMPANY has sent or delivered to me written notice of the correction and the reason therefore; and the correcting entry is transmitted in such time as to be delivered or made available to BANK before midnight of the tenth day following settlement for the erroneous entry.

It is understood that this agreement may be terminated by me at any time by written notification to COMPANY. And such notification to COMPANY shall be effective only with respect to entries initiated by COMPANY after receipt of such notification and a reasonable opportunity to act on it.

I recognize, acknowledge and accept that this service is being provided for my convenience. As such, I agree to hold the COMPANY, The Austin-Gregg Corporation, each participating BANK and NACHA harmless from any claim incident to the operation of this plan arising from any act or omission by the COMPANY or The Austin-Gregg Corporation, including, without limitation, any claim based on alleged loss as a result of non-credit of any deposit, and any claim which may be made by me as a result of the rejection of any debits because of insufficient funds arising from the failure to credit deposits to my account.

<p>___ <b>Deposit Entire Net Pay</b> ___ <b>Balance of Net Pay (W/ Multiple Deposits)</b>     ___ Checking ___ Savings</p> <p>Account Number _____</p> <p>Name of Bank _____</p> <p>Routing Number _____</p>	<p>___ <b>Deposit \$ _____ each pay period</b> ___ <b>Deposit _____% each pay period</b>     ___ Checking ___ Savings</p> <p>Account Number _____</p> <p>Name of Bank _____</p> <p>Routing Number _____</p>
<p>___ <b>Deposit \$ _____ Each Pay Period</b> ___ <b>Deposit _____% Each Pay Period</b>     ___ Checking ___ Savings</p> <p>Account Number _____</p> <p>Name of Bank _____</p> <p>Routing Number _____</p>	<p>___ <b>Deposit \$ _____ each pay period</b> ___ <b>Deposit _____% each pay period</b>     ___ Checking ___ Savings</p> <p>Account Number _____</p> <p>Name of Bank _____</p> <p>Routing Number _____</p>

## ATTACH VOIDED CHECK FOR EACH CHECKING ACCOUNT DEPOSIT

Employee Name \_\_\_\_\_  
(Please Print)

Employee Number \_\_\_\_\_

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