

Employee Automatic Deposit (Credits) Authorization

Company ID: _____ Company Name: _____

Employee ID: _____ Employee Name: _____

I hereby authorize my employer _____ to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account(s) listed below.

1. _____
Name of bank, savings & loan or credit union
_____ CHECKING / SAVINGS
Please circle account type
Routing and Transit Number _____ % of Net or Fixed \$ _____
Account Number _____

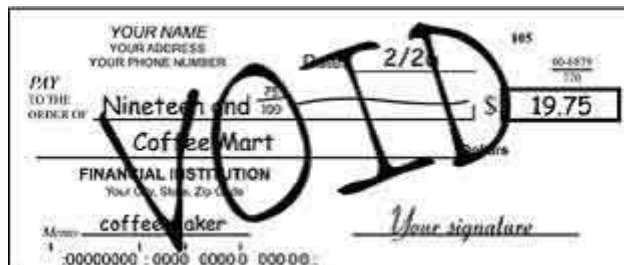
2. _____
Name of bank, savings & loan or credit union
_____ CHECKING / SAVINGS
Please circle account type
Routing and Transit Number _____ % of Net or Fixed \$ _____
Account Number _____

This authority is to remain in full force and effect until EMPLOYER has received written notification from me (or either of us) of its termination in such time and manner as to afford EMPLOYER a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE _____ **DATE** _____

This form along with a Voided Check (NO Deposit Tickets Please) or Bank Direct Deposit Account Spec Sheet, for each account, is to be kept on file with the employer for up to 2 years after termination of this agreement.

Please attach a Voided Check or a copy of Voided Check from each account listed above.



EMPLOYER: Please keep original completed form. Submit photocopy only to PAYTIME.