

W O R K P L A C E B A N K I N G

Authorization Agreement For ACH Service

PLEASE COMPLETE AND RETURN
WITH A VOID CHECK TO
BUSINESS OFFICE
PAYROLL DEPT.

Name	Social Security Number
Company Name	Company Address

I hereby authorize my employer _____, hereinafter called "COMPANY", to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error to my account(s) indicated below and the depository institution named below, hereinafter called "DEPOSITORY", to credit and/or debit the same to such account:

Primary Account

Depository Name (Bank)	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number _____
Transit/ABA Number (9 Digits)	Amount to deposit <input type="checkbox"/> Net pay <input type="checkbox"/> \$ _____ (fixed amount)

If my company allows direct deposit to more than one account, I elect to have part of my pay put into the following account:

Optional Secondary Account

Depository Name (Bank)	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number _____
Transit/ABA Number (9 Digits)	Amount to deposit <input type="checkbox"/> Net pay <input type="checkbox"/> \$ _____ (fixed amount)

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

Date	Signature
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