

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (CREDITS)

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 account or accounts listed below. Voided check(s) are attached to this agreement.

- | | |
|--|--|
| 1. _____
Name of bank, savings & loan or credit union | <u>Type of Account & Amount</u>
____ Checking |
| _____
Routing and Transit Number | ____ Savings |
| _____
Account Number | Fixed Amount \$ _____ |
| 2. _____
Name of bank, savings & loan or credit union | <u>Type of Account & Amount</u>
____ Checking |
| _____
Routing and Transit Number | ____ Savings |
| _____
Account Number | Fixed Amount \$ _____ |
| 3. _____
Name of bank, savings & loan or credit union | <u>Type of Account & Amount</u>
____ Checking |
| _____
Routing and Transit Number | ____ Savings |
| _____
Account Number | Fixed Amount \$ _____ |

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

Employee Name: _____
(Please print)

Employee Signature: _____

Date: _____