Employee Direct Deposit Authorization

Account Type (check only 1):   ☐ Checking ☐ Savings

Bank Routing Number (must be exactly 9 digits): _____

Bank Account Number: _____

Bank Name: _____

Company (Employer): _____

This authorizes the "Company" to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account").

This authorizes the financial institution holding the Account to post all such entries.

I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law.

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Employee Signature: _____

Employee Name: _____

Id# (optional):   _____

Date: _____