



AUTHORIZATION FOR AUTOMATIC DEPOSIT

The undersigned hereby authorizes _____ (the Company) and/or *Payroll 1, Inc.* to make deposits from time to time in the account(s) identified below and authorizes the Bank to accept such deposits. It is agreed that these deposits may be made electronically and under the rules of the National Automated Clearing House Association (NACHA). This authorization will remain in effect until written notice of termination is give to the Company and *Payroll 1, Inc.*

NOTE: You may have up to eight (8) direct deposit allocations.

CHECKING ACCOUNT(S)*

For full net pay, indicate 100% net.

| Account Number | Routing & Transit Number | Amount (or) % |
|----------------|--------------------------|------------------|
| _____ | _____ | _____ (or) _____ |
| _____ | _____ | _____ (or) _____ |
| _____ | _____ | _____ (or) _____ |
| _____ | _____ | _____ (or) _____ |

SAVINGS ACCOUNT(S)**

For full net pay, indicate 100% net.

| Account Number | Routing & Transit Number | Amount (or) % |
|----------------|--------------------------|------------------|
| _____ | _____ | _____ (or) _____ |
| _____ | _____ | _____ (or) _____ |
| _____ | _____ | _____ (or) _____ |
| _____ | _____ | _____ (or) _____ |

Name: _____

Address: _____

I understand it is my responsibility to verify that my account has been credited with the correct deposit amount before conducting any withdrawals or writing any checks against same.

Signature

Date

* For checking accounts, attach a voided check or a bank spec sheet. Please call your bank to obtain a spec sheet.

** For savings accounts, attach a bank spec sheet. Please call your bank to obtain a spec sheet.