AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

Please read this form carefully and write clearly.

If this a new account, you must:

1. Already have the account set up at your bank.

Name (Printed):

2. Find out if they accept direct deposits. Verify bank's transit # and your account #. 3. Notify the bank that you are going to set up direct deposit through Payroll. Please check the action and fill out the form below: Canceling account. (Complete Item C below.) Do not close an account unless you cancel it through Payroll first. Direct deposit already set up. Changing \$ amount only. (Complete C through E below.) A new account. (Complete A through E below.) A new account to replace a direct deposit already set up. (Complete A through E below.) A. Bank Name _____ B. Bank TBA# ____ ______ C. Bank Account # D. Checking Savings E. Full Deposit_____ Partial Deposit ____ (\$ Amount per pay period) Please return a voided check from your checking account or a deposit slip from your savings account to the Payroll Department. *******Your account will be pre-noted for 10 days after input.****** I authorize ADP and the bank listed above to deposit my net pay or portion thereof as indicated above into my account each payday. If funds to which I am not entitled are deposited to my account, I authorize ADP to direct the bank to return said funds. I understand that my deposit may not be credited to my account for possibly two days after the pay date indicated on the check voucher. Employee Signature:

Date: