Authorization for Direct Deposits

F O R   Y O U R   F I L E S   O N L Y

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.

NOTE: Enter your company name in the blank space above.

Account #1
Account # 1 Type (e.g. Checking, Savings, Loan…) _____

_____   _____
EMPLOYEE BANK NAME   BRANCH

_____   _____
CITY   STATE   ZIP

_____   _____
BANK ROUTING # (ABA#)   ACCOUNT #

Account #2
Account # 2 Type (e.g. Checking, Savings, Loan…) _____

_____   _____
EMPLOYEE BANK NAME   BRANCH

_____   _____
CITY   STATE   ZIP

_____   _____
BANK ROUTING # (ABA#)   ACCOUNT #

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.

_____
SIGNATURE

_____
PRINTED NAME

_____
EMPLOYEE ID #

_____
DATE

This document must be signed by employees requesting automatic deposit of paychecks, and retained on file by the employer. Do not send this form to the QuickBooks Payroll Services.