AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (CREDITS)

**** ATTACH VOIDED CHECK/ CHECKS TO THIS AGREEMENT ****

Employer Name: **Ruthi Postow Staffing, Inc.** Employer I.D. **# 1727**

I hereby authorize my employer **Ruthi Postow Staffing, Inc.** 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.

TYPE OF ACCOUNT

Name of bank, savings & loan or credit union

☐ Checking
Percentage of net pay amount _____ %
Or fixed amount $ _____

Routing and Transit Number

☐ Savings
Percentage of net pay amount _____ %
Or fixed amount $ _____

Account Number

TYPE OF ACCOUNT

Name of bank, savings & loan or credit union

☐ Checking
Percentage of net pay amount _____ %
Or fixed amount $ _____

Routing and Transit Number

☐ Savings
Percentage of net pay amount _____ %
Or fixed amount $ _____

Account Number

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. I understand that it takes 3 weeks for direct deposit to go into effect each and every time I add a new account.

EMPLOYEE NAME: _____

Date: _____ **SIGNATURE of Employee** _____