EMPLOYEE AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

Customer/Employer Name:	
Employee Name and Number:	
I hereby authorize Employer Services Online LLC, the COMPANY to initiate credit entries and, to initiate if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the depository named below, the DEPOSITORY, to credit and/or debit the same to such account.	
Bank Account #1:	Bank Account #2:
Account #:	Account #:
Transit/ABA#:	Transit/ABA#:
Type: (Circle) Checking/Savings	Type: (Circle) Checking/Savings
Amount: \$ % Amount	Amount: \$ % Amount
Flat \$□, % of Net□, or All of Net□	Flat \$□, % of Net□, or All of Net□
Bank Account #3:	Bank Account #4:
Account #:	Account #:
Transit/ABA#:	Transit/ABA#:
Type: (Circle) Checking/Savings	Type: (Circle) Checking/Savings
Amount: \$ % Amount	Amount: \$ % Amount
Flat \$□, % of Net□, or All of Net□	Flat \$□, % of Net□, or All of Net□
This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to COMPANY and DEPOSITORY has reasonable opportunity and time to act on it.	
Employee Signature:	Date:
Please attach a copy of a voided check for deposits to checking accounts. Please contact your	