

EMPLOYER SOLUTIONS, INC.
ACH AUTHORIZATION AGREEMENT
DIRECT DEPOSITS (CREDITS)

Please complete the following form to begin payroll direct deposit. In addition to the below requested information, please attach a voided check, or if a savings account, a copy of the bank spec sheet. Deposit may be made at any bank or credit union in the U.S. If using a credit union, please contact them for the proper account and ABA routing number.

Payment options: you may deposit all or portions of your net payroll via direct deposit. The direct deposit can be sent to two separate accounts, either to the same bank or to separate banks. Further, it is my responsibility to verify receipt of funds to my account(s) prior to authorizing withdrawals or issuing checks on said account(s).

AUTHORIZATION AGREEMENT

As a convenience to me, I hereby authorize and request my employer to have my wages, salaries and any other moneys I may designate, and approved by my employer, deposited directly and, to initiate if necessary, debit entries and adjustments for any credit entries in error to my _____ checking _____ savings account.

I hereby authorize and request my financial institution to credit the same to my account:

- Please process transfer (s) as follows:

Employer Name : _____

Employee Name : _____

Social Security #: _____ - _____ - _____

1) Bank Name: _____

Transit/ABA # _____ Amount: _____
(Total Net P/R; \$ Amount; P/R Check Balance)

Acct. No.: _____ Savings
 Checking

2) Bank Name: _____

Transit/ABA # _____ Amount: _____
(Total Net P/R; \$ Amount; P/R Check Balance)

Acct. No.: _____ Savings
 Checking

I understand that I may terminate this agreement by giving written notice to my employer. I may give such notice at anytime, but must allow my employer a reasonable time upon receipt to make change. This agreement is in accordance with the rules and operating procedure of the ACH Network (NACHA) and Mid-America Payment Exchange, as now in effect or hereafter modified.

Name: _____
(Please print or type name)

PLEASE ATTACH A VOIDED CHECK
TO THIS FORM

Signed: _____

Date: ____ / ____ / ____