

Authorization Agreement for Automatic Direct Deposit

I hereby authorize my employer, _____, through One Stop Payroll, 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:

1. Name of Bank: _____

Routing and Transit Number: _____

Account Number: _____

Type of account:

Checking Savings

Full deposit

Partial deposit (specify amount per payroll) \$ _____

2. Name of Bank: _____

Routing and Transit Number: _____

Account Number: _____

Type of account:

Checking Savings

Full deposit

Partial deposit (specify amount per payroll) \$ _____

This authority is to remain in full force and effect until the EMPLOYER has received written notification from me of its termination in such time and manner as to afford the EMPLOYER reasonable opportunity to act on it.

Employee Name (please print) _____

SIGNATURE OF EMPLOYEE _____ Date _____

PLEASE ATTACH A VOIDED CHECK