



**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH CREDITS)**

I hereby authorize **PERSONNEL PARTNERS, INC.**, hereinafter called Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my ___ Checking (OR) ___ Savings (select one) account indicated below and the depository (banking or financial institution) named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME: _____

CITY: _____ **STATE:** ____ **ZIP:** _____

TRANSIT/ABA NO. _____

ACCOUNT NO. _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act upon it. In the event of the termination of my employment with COMPANY for any reason, this authorization shall be considered cancelled upon the receipt of my last wages and/or any necessary adjustments related to those wages from COMPANY.

NAME:

ID NUMBER:

DATE:

SIGNATURE: _____

OFFICE USE ONLY:

CO ID NO: _____

- _____ Voided check attached for Checking Account
- _____ Voided withdrawal/deposit slip attached for Savings Account
- _____ Applicant payroll record entry