



## Authorization for Direct Deposits - Employee Form

This authorizes ABS Payroll Services and its subsidiaries to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

### Account:

ACCOUNT TYPE:  
(e.g. Checking or Savings) \_\_\_\_\_

BANK NAME: \_\_\_\_\_

BRANCH : \_\_\_\_\_

CITY, STATE \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

BANK ROUTING  
NUMBER: \_\_\_\_\_

**This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.**

There is a \$2.00 fee for direct deposit.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE