

EMPLOYEE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

I hereby authorize **ONE SOURCE PAYROLL**, hereinafter called COMPANY, to initiate credit entries to my account(s) indicated below at the depository financial institution named below, hereafter called BANK, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

ACCOUNT #1

Bank Name _____

Account Type: _____ Checking Account _____ Savings Account

City _____ State _____ Zip _____

Bank Routing Number _____

Bank Account Number _____

Beginning Date _____

Dollar Amount: _____ Percentage: _____

ACCOUNT #2

Bank Name _____

Account Type: _____ Checking Account _____ Savings Account

City _____ State _____ Zip _____

Bank Routing Number _____

Bank Account Number _____

Beginning Date _____

Dollar Amount: _____ Percentage: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Name _____

(Please Print)

Employee Signature _____

Employer _____

Date _____

Please attach a copy of void check and verify the banking information. A pre-note will be processed to validate the account number. There will be a \$30 fee for ACH returns.