

**LIFE PATTERNS, INC.**  
**3625 SW 29<sup>th</sup> STREET, SUITE 202**  
**TOPEKA, KS 66614**

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL**

*(This form is to be completed by ALL employees of Life Patterns, Inc.)*

I hereby authorize LIFE PATTERNS, INC., hereinafter called COMPANY, to initiate credit entries to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, 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.

Recipient's Name: \_\_\_\_\_

Recipient's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Last four digits Social Security Number xxx-xx-\_\_\_\_

**Primary Account**

Account Type: (Check one) *Checking* \_\_\_\_\_ *Savings* \_\_\_\_\_ *Payroll Card* \_\_\_\_\_  
*(Payroll Card to be supplied by Life Patterns, Inc.)*

Recipient's Account Number: \_\_\_\_\_ Recipient's Bank Routing Number: \_\_\_\_\_  
*(Employees using a Payroll Card will be sent this information. Life Patterns will complete the above account and routing numbers.)*

This authorization is to remain in full force and effect until COMPANY 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 on it.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTE: ALL WRITTEN AUTHORIZATIONS **MUST** PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGNATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

***(Please attach a copy of a voided check along with this completed form)***  
***(If an employee checks Payroll Card, please send a copy of your driver's license and Social Security card to Life Patterns along with this form. Upon receipt of this form and ID, Life Patterns, Inc. will issue the payroll card.)***