## LIFE PATTERNS, INC.

3300 SW 29<sup>™</sup> STREET, SUITE 100 TOPEKA, KS 66614 101 W MEXITLI MONTEZUMA, KS 67867

## **AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL**

(This form is to be completed by <u>ALL</u> 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) Check	ing Savings	Payroll Card (Payroll Card to be supplied by Life Patte	erns, Inc.)
Recipient's Account Number:			
Recipient's Bank Routing Numbe	r:		
(Employees using a Payroll Card will be see	nt this information. Life Patte	terns will complete the above account and routing n	umbers.)
and routing number <u>along</u> w Card, please send a copy of y	rith this completed for your driver's license a	tter from your bank with your accou form. If an employee checks a Payro e <u>and</u> social security card to Life Patte and ID's, Core First Bank will issue th	oll erns

payroll card.

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 ac
on it.

SIGNATURE \_\_\_\_\_

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