



Authorization Agreement for Automatic Deposit

Employer Name _____ Company Code _____

I hereby authorize ASAP Payroll Service, Hereinafter called Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, hereinafter called Depository, to credit and/or debit the same to such amount.

Bank Name _____

Branch _____

City _____ State _____ Zip _____

Attach voided check

_____ Initial here if attaching deposit ticket. Deposit tickets **not** always accurate. If not initialed, deposit will be pre-noted. ASAP Payroll Service is not responsible for misdirected deposit from deposit ticket.

Account 1

Account 2

Account Number _____ Account Number _____

Bank Routing Number _____ Bank Routing Number _____

Account Type ___Checking ___Saving Account Type ___Checking ___Saving

Amount (NP For Net Pay) _____ Amount (NP For Net Pay) _____

This authority 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.

Name _____

Signature _____

Social Security Number _____ Date _____