ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I hereby authorize my employer to directly deposit my pay in the bank account(s) listed below in the percentages specified. (If two accounts are designated, deposits are to be made in whole percentages of pay to total 100%). I have attached a voided check or deposit slip for each account specified below. This authorization is to remain in force until the company has received written authorization from me of its termination or change.

Also, I grant [COMPANY] the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Name:			
Address:			
Telephone:	( )		
Signature:		**Date:**	
Company Use Only:	**Effective Date:**		
Account #1	Checking	Savings	**(Check only one)**
Financial Institution:			
Address:			
Telephone:	( )		
Personal Account Number:			
Percent of pay to be deposited into this account:	%		
Company Use Only: Bank/ABA Number:			
Account #2	Checking	Savings	**(Check only one)**
Financial Institution:			
Address:			

Telephone:	( )		
Personal Account Number:			
Percent of pay to be deposited into this account: %			
Company Use Only: Bank/ABA Number:			