

Authorization Agreement for Automatic (ACH) Credits

Company Name _____ Div. # _____

DEPT# _____ EMPLOYEE# _____

Employee Name: _____

Address, Street: _____

City, State, Zip: _____

I hereby authorize INTERLOGIC OUTSOURCING, INC. (IOI) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account indicated below and the DEPOSITORY to credit and/or debit the same to such account.

Depository Name: _____

Address, Street: _____

City, State, Zip: _____

| | |
|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Checking | Amount to deposit; |
| <input type="checkbox"/> Savings | If net due, write net: \$ _____ |
| Transit/ABA Number: | _____ |
| Account Number: | _____ |
| Description: | <u>Payroll Check</u> |
| <input type="checkbox"/> Checking | Amount to deposit; |
| <input type="checkbox"/> Savings | If net due, write net: \$ _____ |
| Transit/ABA Number: | _____ |
| Account Number: | _____ |
| Description: | <u>Payroll Check</u> |

This authority is to remain in full force and effect until notified by me or Employer of termination or revocation.

By: _____ Date: _____

(Employee Signature)