

CPA PAYROLL, INC
COMPLETE PROFESSIONAL ACCURATE
DIRECT DEPOSIT OF PAYROLL

Employee Authorization Agreement for Automatic Deposits

COMPANY NAME: _____.

The undersigned hereby authorizes CPA PAYROLL INC and/or its authorized agents, to initiate credit/debit entries for payment of payroll, and if necessary, adjusting credit/debits for entries made in error or entries requiring reversals due to returned items to the account of the undersigned. All such entries shall be made to the account indicated below and the depository named below is hereby authorized to credit and/or debit the same to or from said account.

1. FINANCIAL INSTITUTION NAME: _____
TRANSIT/ABA NUMBER (9 digits): _____
ACCOUNT NUMBER: _____
CHECKING ___ SAVINGS ___ _____% _____\$

2. FINANCIAL INSTITUTION NAME: _____
TRANSIT/ABA NUMBER (9 digits): _____
ACCOUNT NUMBER: _____
CHECKING ___ SAVINGS ___ _____% _____\$

3. FINANCIAL INSTITUTION NAME: _____
TRANSIT/ABA NUMBER (9 digits): _____
ACCOUNT NUMBER: _____
CHECKING ___ SAVINGS ___ _____% _____\$

4. FINANCIAL INSTITUTION NAME: _____
TRANSIT/ABA NUMBER (9 digits): _____
ACCOUNT NUMBER: _____
CHECKING ___ SAVINGS ___ _____% _____\$

IF CHECKING PLEASE INCLUDE A VOIDED CHECK FOR EACH ACCOUNT

This authorization is to remain in full force and effect until the undersigned has provided written authorization to CPA PAYROLL INC for its termination at such time and in such manner as to afford its agents and Depository a reasonable opportunity to act on it. The undersigned represents and warrants that it is authorized and empowered to execute this authorization for the purposes specified herein and indemnifies and holds CPA PAYROLL INC and its agents harmless from any damage, loss or claim resulting from Company's authorized actions hereunder.

EMPLOYEE NAME: _____

SIGNED: _____ DATE: ____/____/____

CHECK ONE: NEW PARTICIPANT CHANGE