

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

EMPLOYEE NAME _____

EMPLOYER NAME _____

I hereby authorize Capital Payroll Systems to initiate credit entries or adjusting debit entries, as defined in the Rules of the National Automated Clearing House Association, to my account indicated below, and to the receiving depository financial institution named below, hereafter called the DEPOSITORY, to credit or debit the same to my account.

<u>DEPOSITORY BANK</u> <u>Name</u>	<u>Transit/ABA Number</u>	<u>Account Number *</u>	<u>Type of Account</u>	<u>\$ Amount or</u> <u>% if not 100%</u>	<u>Bank Location</u> <u>City & State</u>
_____	_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	_____	_____
_____	_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	_____	_____
_____	_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	_____	_____
_____	_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	_____	_____

This authority is to remain in full force and effect until either party has received written notification from the other party of its termination in such time and in such manner as to afford both parties a reasonable opportunity to act on it.

Employee Name _____ SS# _____
(Please Print)

Signature _____ Date _____

* Please attach voided check to authorization form.