

# DIRECT DEPOSIT AUTHORIZATION AGREEMENT

## PURPOSE OF THIS FORM

This is a **NEW Direct Deposit Request**   
  This is to **STOP a Current Direct Deposit**   
  This is a **CHANGE to an EXISTING Direct Deposit**

NOTE: If a checking account is listed please attach a **VOID check** to validate account information. There is a pre-note in which after 2 pay periods have been processed, the live deposit will become effective.

I hereby authorize Select Focus to initiate electronic credit entries, and if necessary, debit entries to reverse erroneous credit entries to my account(s) at:

### 1<sup>ST</sup> DIRECT DEPOSIT

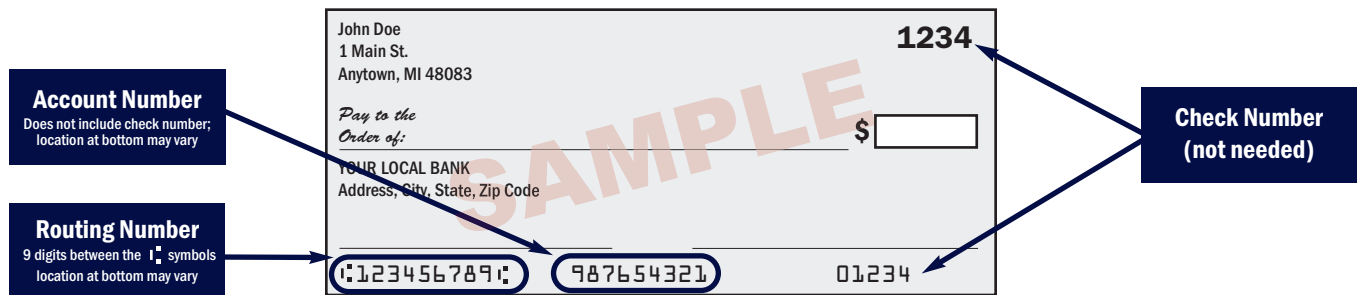
Employee's Name	Work Site/Client Name
Name of Financial Institution	Address of Financial Institution
Phone Number of Financial Institution	Social Security Number
ABA Transit Routing Number (9 Digits)	Bank Account Number

**Checking**   
  **Savings**   
  **Fixed Amount of \$** \_\_\_\_\_   
  **Percentage of Net Pay** \_\_\_\_\_ %

### 2<sup>ND</sup> DIRECT DEPOSIT

Name of Financial Institution	Phone Number of Financial Institution
Address of Financial Institution	
ABA Transit Routing Number (9 Digits)	Bank Account Number

**Checking**   
  **Savings**   
  **Fixed Amount of \$** \_\_\_\_\_   
  **Percentage of Net Pay** \_\_\_\_\_ %



This authorization shall remain in full force and effect until Select Focus has received written notification from me to terminate it and in such manner as to afford Select Focus and the financial institutions involved a reasonable opportunity to act upon the termination request.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Select Focus agrees that all actions taken by the Company pursuant to this authorization will be in accordance with the rules and regulations of the Federal Reserve Board and National Clearing House Associates, as amended.