

**EMPLOYEE AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

NAME: \_\_\_\_\_  
(Please print and use ink)

COMPANY NAME: \_\_\_\_\_

I hereby authorize Payroll Systems of Nevada to initiate credit entries for payroll to my CHECKING \_\_\_ SAVINGS account (**select one**) indicated below. I further authorize debit entries or adjustments in the event of an error in connection with my payroll check.

BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_ ROUTING NUMBER: \_\_\_\_\_  
(Please attach a **VOIDED CHECK**)

This authority is to remain in full force and effect until canceled by me. In the event of said cancellation I agree to do so in writing and to deliver same to Payroll Systems of Nevada.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_