

Authorization Agreement for Direct Deposit of Payroll

Employee Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Authorization

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(s) indicated below and the DEPOSITORY to credit and/or debit the same to such account.

Action Type

New Employee Set-Up Current Employee Change

Account Information

- Checking (Attach a void check or ask financial institution for direct deposit information and *attach*)
- Savings (Attach direct deposit information provided by your financial institution)
- Money Market (Attach direct deposit information provided by your financial institution)

Financial Institution Information

Name & Branch: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____

Bank Routing/Transit/ABA Number: _____

Entire Balance _____ % of Net Pay Specific Amount \$ _____

Account Information (Second Account)

- Checking (Attach a void check or ask financial institution for direct deposit information and *attach*)
- Savings (Attach direct deposit information provided by your financial institution)
- Money Market (Attach direct deposit information provided by your financial institution)

Financial Institution Information (Second Account)

Name & Branch: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____

Bank Routing/Transit/ABA Number: _____

Entire Balance _____ % of Net Pay Specific Amount \$ _____

This authorization is to remain in full force and effect until notified by me or Overland Trails Council of termination, revocation, or change.

Signed: _____ Date: _____