

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS
(ACH CREDITS)**

TO REMAIN ON FILE UNTIL REVOKED OR UNTIL TERMINATION

I hereby authorize Choice Employer's Resource, Inc. ("CHOICE") to initiate CREDIT entries and/or correction entries to my account(s) at the DEPOSITORY(S), or financial institution(s), listed below and to credit the same to such account(s).

This notification is to remain in full force until CHOICE has received written notification from me of its termination in such manner as to afford CHOICE and DEPOSITORY reasonable opportunity to act upon it.

ACCOUNT 1 INFORMATION

Checking Savings

Please deposit the following:

Entire net check Dollar amount \$ _____ Percent of net check _____ %

Balance of net check

Depository Name

Branch

City

State

Bank Transit / ABA Number

Account Number

Direct Deposit cannot be put into effect without a voided check from the above account.

ACCOUNT 2 INFORMATION

Checking Savings

Please deposit the following:

Entire net check Dollar amount \$ _____ Percent of net check _____ %

Balance of net check

Depository Name

Branch

City

State

Bank Transit / ABA Number

Account Number

Direct Deposit cannot be put into effect without a voided check from the above account.

Name (Printed or typed)

Social Security Number

Signature

Date