

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSTS

I hereby authorize Devau Human Resources, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries for any credit entries made in error to my

Checking Savings *(Select one)*

account listed below and the financial institution named below, hereinafter called INSTITUTION, to credit or debit the same to such account.

_____	_____	_____	_____
FINANCIAL INSTITUTION NAME	CITY	STATE	ZIP CODE
_____		_____	
ROUTING NUMBER	ACCOUNT NUMBER		

PLEASE ATTACH A VOIDED CHECK

This authority is to remain in full force and effect until COMPANY has received notification from me of its termination in such time and in such manner as to allow COMPANY and INSTITUTION a reasonable opportunity to act on it.

_____	_____
EMPLOYEE NAME (PLEASE PRINT)	NAME ON ACCOUNT (If different)

_____	_____
DATE	SIGNATURE