

Don Richard Associates

AUTHORIZATION AGREEMENT ACH DIRECT DEPOSIT OF PAYROLL

I hereby authorize DON RICHARD ASSOCIATES, INC., hereinafter called COMPANY, to initiate credit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my Checking _____ Savings _____ account indicated below and the financial institution named below to credit (or debit) the same to such account.

FINANCIAL INSTITUTION NAME	CITY	STATE
TRANSIT/ROUTING NUMBER	ACCOUNT NUMBER	

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

******* For temporary employees *******

I understand that in order to have my paycheck directly deposited into my bank account, I must submit my signed time sheet to COMPANY before 9:00AM Monday each payroll week.

NAME (Print)	SOCIAL SECURITY NUMBER
SIGNATURE	DATE

PAYROLL FILE UPDATED BY: _____ DATE: _____

[ATTACH VOIDED CHECK HERE]