

Authorization for Direct Deposits

COMPANY TAX ID: 94-2248359

COMPANY ADDRESS: 655 Willowside Road Santa Rosa, CA 95401

_____ **New Deposit** _____ **Change Info** _____ **Cancel**

I hereby authorize the above listed "Company" and its payroll processor, IBS, to deposit any amounts owed me by initiating credit entries to my account at the financial institution indicated below. Further, I authorize the Financial Institution to accept any debit entries indicated by "Company" or IBS for erroneous amounts previously credited. I authorize "Company" or IBS to debit my account for an amount not to exceed the original amount of the erroneous credit.

FINANCIAL INSTITUTION: _____

FINANCIAL INSTITUTION 9-digit ROUTING #: _____

ACCOUNT #: _____

Checking: Amount: _____ Entire Net Pay: _____ Effective Date: _____

Savings: Amount: _____ Entire Net Pay: _____ Effective Date: _____

EXPIRATION DATE (IF DESIRED): _____

PRENOTE*: _____ Yes _____ No

*Prenoting a direct deposit allows the bank to verify the name on the account, account number and the status of the account. Prenoting is not required, but **RECOMMENDED**.

Prenoting will delay the start of your Direct Deposit by one pay period.

This Authority is to remain in full force and effective until "company" has received written notification from me of its termination in such time and in such manner as to afford "company" reasonable opportunity to act on it.

Signature

Date

Please **PRINT** Full Name

PLEASE INCLUDE VOIDED CHECK