



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize SPECTRUM EMPLOYEE SERVICES, INC. to initiate automatic deposits to my account at the financial institution named below. I also authorize SPECTRUM EMPLOYEE SERVICES, INC. to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold SPECTRUM EMPLOYEE SERVICES, INC. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until SPECTRUM EMPLOYEE SERVICES, INC. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account #1 Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Dollar Amount \$ _____ Or Percentage _____ %

Remainder

Account #2 Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Dollar Amount \$ _____ Or Percentage _____ %

Remainder

Signature

Authorized Signature (Primary): _____ Date: _____

Please Print Your Name Here: _____ Client: _____

Please attach a voided check and return this form to the Payroll Department. (PLEASE DO NOT SEND DEPOSIT SLIPS)

PLEASE NOTE THAT DIRECT DEPOSITS DO NOT START UNTIL AFTER AN INITIAL PRE NOTE IS DONE TO TEST THE ACCOUNT SETUP INFORMATION