



ACH DIRECT DEPOSIT OF PAYROLL AUTHORIZATION AGREEMENT

I hereby authorize Total H/R Inc., hereinafter called COMPANY, to initiate credit entries of such adjusting entries, either debit or credit, which are necessary for corrections, to my account indicated below and the financial institution named below to credit (or debit) the same to such account. This authorization is to remain in full force and effect until has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Primary Account

FINANCIAL INSTITUTION NAME CITCITY STSTATEATE
INSTITUTION NAME

TRANSIT/ROUTING NUMBER/ROU ACCOUNT NUMBERCC

Amount: \$ _____ _____% or Entire Paycheck

Type of Account: Checking Savings (Check One)

Secondary Account

FINANCIAL INSTITUTION NAMEINAN CCITYITY STASTATEETE

TRANSIT/ROUTING NUMBERTR AACCOUNT NUMBERCC

Amount: \$ _____ _____% or Entire Paycheck

Type of Account: Checking Savings (Check One)

PLEASE ATTACH COPY OF VOIDED CHECK OR BANK DIRECT DEPOSIT FORM

NAME LAST 4 OF SSN

SIGNATURE DATE