

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT EMPLOYEE

Employee Name _____ Social Security Number _____

Employer Name _____

I hereby authorize AFS, Inc./Tax savers. (Payroll Processing Company), herein called Act1, to initiate credit entries (payroll check deposits) into my: Checking Account, Savings Account indicated below at the financial institution named below, hereafter called Bank, and to credit the same to such account. I acknowledge the origination of transactions to my account must comply with the provisions of the U.S. Law.

Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

What Portion of Net Pay Would You like Deposited?

*You may have all or part of your paycheck deposited directly into your bank account(s).
Select one of the following options to indicate the portion of your total paycheck you want deposited.*

100% of Net Pay Indicated Percent _____% Indicated Dollar Amount \$ _____

How do you want the Direct Deposit Made?

Please Identify up to two bank accounts where you want your check deposited, and indicate the amount or percentage of your paycheck you want deposited in each account. You MUST enter information in the "Account for the Balance of the Direct Deposit Amount" section.

◆◆◆ Attach a cancelled check for each account ◆◆◆

| Account for Percent or Selected Amount Deposit: | Account for Percent or Selected Amount Deposit: |
|---|---|
| Bank Name: | Bank Name: |
| Bank Routing Number: | Bank Routing Number: |
| Bank Account Number: | Bank Account Number: |
| Type of Account: Checking ◊ Savings ◊ | Type of Account: Checking ◊ Savings ◊ |
| Percent of Direct Deposit Amount: _____% | Percent of Direct Deposit Amount: _____% |
| Selected Dollar Amount: \$ _____ | Selected Dollar Amount: \$ _____ |

This authorization is to remain in full force and effect until AFS Inc./Tax savers has received a written notice from me of its termination in such time and in such manner as to afford AFS Inc./Tax savers and Bank a reasonable opportunity to act on it.

Name(s) _____ Social Security Number _____

Date _____ Signature _____