

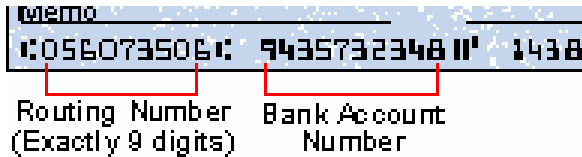


Authorization Agreement for Pre-Authorized Credit/Payments

Employee Name:	Social Security #:
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I (we) authorize **United Personnel, Inc.**, hereinafter called **Company**, to initiate credit entries and, if necessary, to debit entries and adjustments for any error to my (our) _____checking/_____savings account (select one) indicated below and depository named below, hereinafter called **Depository**, to credit and or debit the same to such account.

Depository/Bank Name:	Depositor's name on account: <i>(list all account holders)</i>	
Depository/Bank Address:	Account Holder's Social Security Number:	
Transit/ABA/Routing #:	Bank Account #:	Checking Savings



PLEASE NOTE THE FOLLOWING CAREFULLY:

There is a **one week** processing period for the initial set up of the account. 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 the **Company** and **Depository** a reasonable opportunity to act on the request. **More than one change every six months will result in a \$25.00 administrative fee deducted from my check.** If direct deposit has not been used for 6 months or longer, United Personnel will terminate the service.

IF YOUR TIMESHEET IS NOT SUBMITTED BY THE MONDAY DEADLINE, YOUR ACCOUNT WILL BE CREDITED THE FOLLOWING WEEK.

Employee Name: _____ **Employee Signature:** _____
(print)

Effective Date: _____

Please attach voided check here

Office Use Only:

Location (S/H/N): _____

Date Entered as Prenote:
____ / ____ / ____

Staff: _____

Date Entered as Deposit:
____ / ____ / ____

Staff: _____