

IOI

INTERLOGIC OUTSOURCING, INC.
AN EMPLOYER SERVICES COMPANY

Authorization Agreement for Automatic (ACH) Credits

Company Name _____ **Div. #** _____

DEPT# _____ **EMPLOYEE#** _____

Employee Name: _____

Address, Street: _____

City, State, Zip: _____

I hereby authorize INTERLOGIC OUTSOURCING, INC. (IOI) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account indicated below and the DEPOSITORY to credit and/or debit the same to such account.

Depository Name: _____

Address, Street: _____

City, State, Zip: _____

Checking	<input type="checkbox"/>	Amount to deposit;	
Savings	<input type="checkbox"/>	If net due, write net: \$	_____
Transit/ABA Number: _____			
Account Number: _____			
Description: Payroll Check			

Checking	<input type="checkbox"/>	Amount to deposit;	
Savings	<input type="checkbox"/>	If net due, write net: \$	_____
Transit/ABA Number: _____			
Account Number: _____			
Description: Payroll Check			

Checking	<input type="checkbox"/>	Amount to deposit;	
Savings	<input type="checkbox"/>	If net due, write net: \$	_____
Transit/ABA Number: _____			
Account Number: _____			
Description: Payroll Check			

**** Please attach a voided check for each checking account listed on this form. ****

This authority is to remain in full force and effect until notified by me or Employer of termination or revocation.

By: _____ Date: _____

(Employee Signature)