

AUTHORIZATION FOR DIRECT DEPOSIT

I hereby authorize PEOPLE FIRST, INC. to initiate credits/debits from the account(s) I have checked below. I understand that PEOPLE FIRST, INC. has the right to initiate any adjustments if necessary for any entries made in error. It is the employee's responsibility to inform PEOPLE FIRST, INC. in writing of any changes to the employee's bank information. I understand that it may take up to 30 days before any direct deposit is initiated.

Check One: Checking Account Savings Account

Name of Financial Institution: _____

City: _____ State: _____ Zip: _____

Transit/ABA #: _____ Account # _____

Amount: _____ or check here if entire/remainder of check to be deposited

Check One: Checking Account Savings Account

Name of Financial Institution: _____

City: _____ State: _____ Zip: _____

Transit/ABA #: _____ Account # _____

Amount: _____ or check here if entire/remainder of check to be deposited

This authority is to remain in full force and effect until PEOPLE FIRST, INC. has received written notification from the employee wishing to terminate in such time and manner to afford PEOPLE FIRST, INC. reasonable opportunity to act on it.

Employee Name: _____ SS#: _____

Employee E-Mail for Electronic Voucher _____

Would you like your voucher Electronic Paper or Both

SIGNATURE: X _____ Date: _____

Business Unit: _____

PLEASE ATTACH A VOIDED CHECK FOR DIRECT DEPOSIT