

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (CREDITS)**

EMPLOYEE NAME: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I hereby authorize my employer, CR Fletcher Temps, to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to my (our) account(s) listed below.

---

_____	<u>TYPE OF ACCOUNT</u>
Name of bank, savings & loan or credit union	<input type="checkbox"/> Checking
	Fixed amount \$ _____
	-Or- Net pay amount <input type="checkbox"/>
_____	
Routing and Transit Number	
_____	<input type="checkbox"/> Savings
Account Number	Fixed amount \$ _____
	-Or- Net pay amount <input type="checkbox"/>

---

_____	<u>TYPE OF ACCOUNT</u>
Name of bank, savings & loan or credit union	<input type="checkbox"/> Checking
	Fixed amount \$ _____
	-Or- Net pay amount <input type="checkbox"/>
_____	
Routing and Transit Number	
_____	<input type="checkbox"/> Savings
Account Number	Fixed amount \$ _____
	-Or- Net pay amount <input type="checkbox"/>

---

_____	<u>TYPE OF ACCOUNT</u>
Name of bank, savings & loan or credit union	<input type="checkbox"/> Checking
	Fixed amount \$ _____
	-Or- Net pay amount <input type="checkbox"/>
_____	
Routing and Transit Number	
_____	<input type="checkbox"/> Savings
Account Number	Fixed amount \$ _____
	-Or- Net pay amount <input type="checkbox"/>

This authority is to remain in full force and effect until CR Fletcher Temps has received written notification from me (or either of us) of its termination in such time and manner as to afford CR Fletcher Temps a reasonable opportunity to act on it. ***Please note, you MUST include a copy of a voided check, deposit ticket, or statement from the bank certifying the above requested numbers.***

EMPLOYER NAME: CR Fletcher Temps, Inc. EMPLOYER I.D.#: 16-1504346

Date: \_\_\_\_\_ Signature of Employee: \_\_\_\_\_