

Employee Direct Deposit Authorization Agreement

I hereby authorize my employer _____ and FlexChecks, Inc., to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "BANK") indicated below. Further, I authorize BANK to accept and to debit/credit any entries indicated by COMPANY or FlexChecks, Inc. to my account. In the event COMPANY or FlexChecks, Inc. deposits funds to my account in error, I hereby authorize COMPANY or FlexChecks, Inc. to debit my account the amount deposited in error.

Company Name (please print) _____

Employee name (please print): _____ SS#: _____

Bank _____ Begin Deposit _____ Change Information _____ Cancel _____
Routing #: _____
City _____ State _____

You may designate as many accounts as needed:

Checking (attach void check, bank letter, or specification sheet)

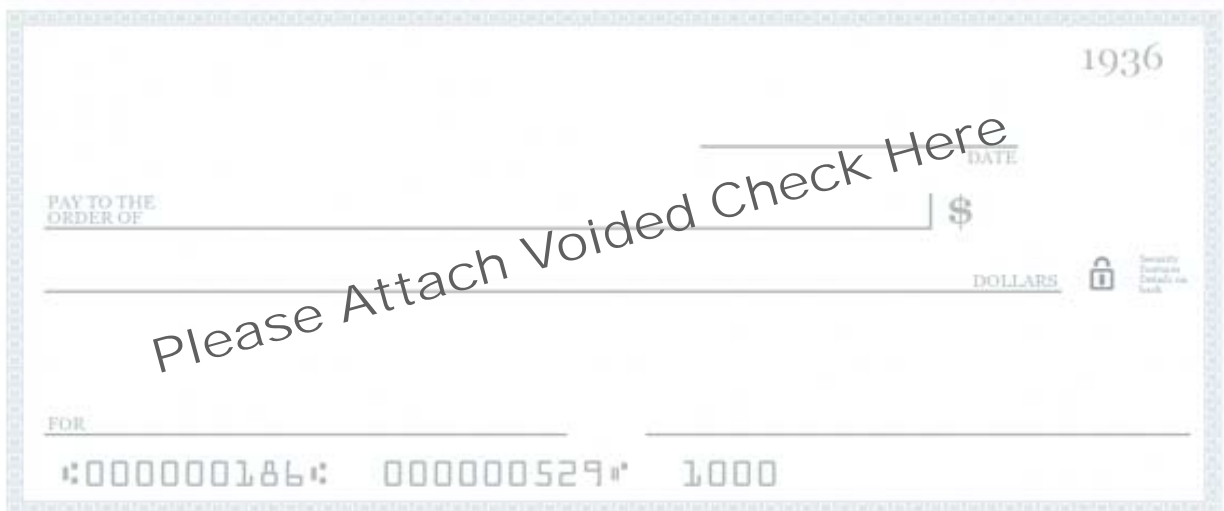
I wish to deposit (check one) \$ _____.00 _____ % Net Entire net pay Acct # _____
I wish to deposit (check one) \$ _____.00 _____ % Net Entire net pay Acct # _____

Savings (attach bank letter or specification sheet)

I wish to deposit (check one) \$ _____.00 _____ % Net Entire net pay Acct # _____
I wish to deposit (check one) \$ _____.00 _____ % Net Entire net pay Acct # _____

This authorization is to remain in full force and effect until COMPANY and/or BANK have received written notice from me of its termination in such manner as to afford COMPANY and BANK reasonable opportunity to act on it. I agree that if I provide information that is not accurate and there is a fee charged to COMPANY or FlexChecks to correct the erroneous information, I will reimburse COMPANY or FlexChecks the actual charge through payroll deduction, direct debit to my account, or by certified funds.

Employee Signature: _____ Date ____/____/____



EMPLOYER USE:

_____ Please pre-note with next payroll _____ Please pre-note prior to next payroll (\$15.00 fee)

Authorized Signature: _____ Date ____/____/____