



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Company Name: _____ ID# _____

I (we) hereby authorize PaySource, Inc., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository Name: _____

Branch: _____

City: _____ State: _____ ZIP: _____

ACCOUNT #1

ACCOUNT #2

Account # _____

Account # _____

Transit/ABA # _____

Transit/ABA # _____

Type: C S (Checking/Savings)

Type: C S (Checking/Savings)

Amount: _____

Amount: _____

*****Please Attach a Voided Check for all Checking Accounts*****

This authority is to remain in full force and effect until PaySource, Inc. has received written notification from me or my employer of its termination in such time and in such manner as to afford PaySource, Inc. and Intercept Corporation a reasonable opportunity to act on it.

Employee Signature: _____

Employee Name: _____

(Please Print)