



Authorization for Direct Deposits

Client Name: _____

Employee Name: _____

Employee SS#: ___/___/___

Account:

___ Checking or ___ Savings

Bank Name: _____ State: _____

Routing Number: _____

Account Number: _____

Amount to Deposit: _____ (% or \$)

Printed Name: _____

Employee Signature: _____ Date: ___/___/___

This authorizes Applied Business Solutions to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) accounts (s) indicated above and to other accounts I (we) identify in the future (the 'Account'). This authorizes the financial institution holding the account to post all such entries.

Voided check must be attached in order to setup direct deposits