

ATTACH VOIDED CHECK HERE

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

COMPANY NAME _____ COMPANY ID NUMBER _____

I (we) hereby authorize Superior Staffing, 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) Checking Savings account (select one) indicated 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 _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____ SOCIAL SECURITY NUMBER _____
(PLEASE PRINT)

DATE _____ SIGNED X _____ SIGNED X _____

Clip and return top portion to Superior.



This authorization form gives your company and your financial institution authority to deposit your pay to your account. Simply complete the form in order to take advantage of this service.

All you need to do is:

- 1) Mark the box before type of account to indicate whether your pay will be deposited in your checking or savings account.
- 2) Fill in your name, financial institution name and location, and the date.
- 3) Attach a voided check or deposit slip (checking or savings) for verification of all financial institution information. If you are unable to attach the deposit slip or voided check, please fill in your account number.

NOTE: BE SURE TO SIGN THE FORM.

- 4) Mail this signed, completed form (with voided check or deposit slip) to:

Superior Staffing
701 S. Broadway Street
Akron, Ohio 44311