



8397 East 10<sup>th</sup> Street  
 Indianapolis, IN 46219  
 (317) 292-9343  
 (317) 292-9403 - fax

# Authorization Agreement for Automatic Deposits (ACH CREDITS)

I, , hereby authorize  
*Employee (payee) print name on line above*

**Environmental Staffing Resources** (*hereinafter referred to as 'the Company'*) to make deposits into the account at the Depository Financial Institution identified as,  
.

*Print the name of your bank on the line above*

(*Depository Financial Institution,, hereinafter, shall be referred to as **DFI***) I also authorize the DFI to accept these deposits. Adjusting entries to correct errors are also authorized. It is agreed upon that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association.

This authorization will remain in effect until I give written notice of termination to the Company.

<b>Name of DFI (your bank):</b>	<b>DFI's Routing &amp; Transit Number:</b> (your bank's routing #)	<b>Account Number to Credit:</b>	<b>Type of Account:</b> (Checking or savings?)
<b>Name of Authorizing Party:</b> (You)	<b>Address:</b>	<b>City:</b>	<b>State / Zip Code:</b>
<b>Signature of Authorizing Party:</b>		<b>Individual's ID#: (SSN)</b>	<b>Date:</b>

**PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION IN THE AREA BELOW**  
 ▼ (You may place it over the printed info below) ▼

## Direct Deposit is NOT mandatory

**YOU NEED TO EITHER FAX THIS COMPLETED FORM TO OUR OFFICE, OR YOU CAN HAND-DELIVER IT. IF YOU ARE HAVING IT DEPOSITED INTO YOUR CHECKING ACCOUNT, MAKE SURE TO ATTACH A VOIDED CHECK.**