



Authorization Agreement for Direct Deposit of Payroll

I hereby authorize the Palmer Group to initiate credit entries or debit corrections to my

_____Checking Account(s)

_____Savings Account(s)

indicated below and the financial institution(s) named below to credit or debit the same such account(s).

Financial Institution

Bank Transit/ABA/Routing Number

Personal Account Number

Account Type (Checking/Savings)

\$ or % of Deposit

Financial Institution

Bank Transit/ABA/Routing Number

Personal Account Number

Account Type (Checking/Savings)

\$ or % of Deposit

This authority is to remain in full force and effect until the Palmer Group has received written notification from me of its termination in such time and in such manner as to afford the Palmer Group a reasonable opportunity to act on it.

Name Printed

Social Security Number

Signature

Date