

@TimePay\$

11 HILLSIDE STREET
MILTON, MASSACHUSETTS 02186
TELEPHONE 617-298-1000 FACSIMILE 617-698-6825

@TimePay\$ Employee Direct Deposit Authorization

Date: _____

Company Name: _____

Employee Name & Social Security number: _____

Address: _____

City, State, ZIP: _____

Name and Title of person authorized to order this transaction: _____

Name of Bank: _____

Routing number: _____ (nine digits) Savings ___ Checking ___ Percent ___ or Fixed Amt _____

Account number that funds are to be deposited to: _____

Name of Bank: _____

Routing number: _____ (nine digits) Savings ___ Checking ___ Percent ___ or Fixed Amt _____

Account number that funds are to be deposited to: _____

Name of Bank: _____

Routing number: _____ (nine digits) Savings ___ Checking ___ Percent ___ or Fixed Amt _____

Account number that funds are to be deposited to: _____

Please attach a blank VOID check for each checking account that funds will be deposited to.

I agree to the above. Signature of authorized agent.

Date

Please print name and title.