



ebs

Authorization for Direct Deposit

This authorizes **Executive Business Solutions (ebs)** to send credit entries (and appropriate debit and adjustment entries), electronically or by another commercially accepted method to my (our) account(s) indicated below 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.

Account #1: Type (e.g. Checking, Savings...) _____

Name of Your Bank

Branch

City

State

Bank Routing Number

Account Number

Percentage or dollar amount of pay to be deposited to this Account: _____

Account #2: Type (e.g. Checking, Savings...) _____

Name of Your Bank

Branch

City

State

Bank Routing Number

Account Number

Percentage or dollar amount of pay to be deposited to this Account: _____

This Authorization will be in effect until Executive Business Solutions (ebs) receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Print Full Name on Account

Employee

Date

*****PLEASE PROVIDE A VOIDED CHECK OR BANK AUTHORIZATION WITH THIS FORM*****