AUTHORIZATION FOR DIRECT DEPOSIT - EMPLOYEE FORM

PLEASE NOTE: The first check that you receive after you turn in this paperwork will be a regular check mailed to the address you authorize. It does take a while to process your Direct Deposit. The 2nd check and every check thereafter will automatically be deposited into your DIRECT DEPOSIT Account.

Your check will be posted to your account on the 10th and the 25th of each month that you turn in time sheets. Please do not call our office the day before to see if your check has been posted. Your bank processes them exactly on the day as specified above.

This authorizes LifeLong Advocacy (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) that I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

ACCOUNT (check one) Checking	Savings	Debit Card
Employee Bank Name:		
Bank Routing # (ABA#)	Account #	

Percentage or Dollars Amount to be Deposited to this one account - 100%

Please attach a voided check here

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature:
Printed Name:
Consumer's Name: (person you work for):
Important: This document must be signed by employees requesting automatic deposit of paychecks and retain on file by the

employer. Employees must attach a voided check for their account to help verify their account numbers and bank routing numbers.

For Office Use Only: Information Posted to the Account on: