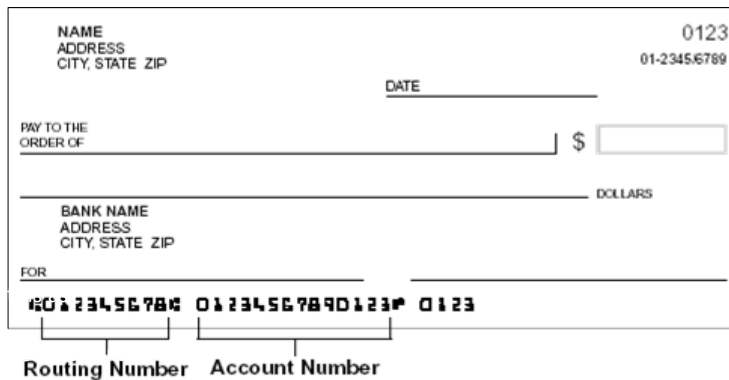


Attention: _____

Employee Name:	Company Name:	Submission Date:
Account Type		Bank Account Information
New Add Change Delete	Account 1 Information : Please Check Account # s to Ensure Accuracy	
Checking Savings	Routing #:	
	Account #:	
Account 1 Deposit Instructions:	Entire Net Pay _____ % Net Amount \$_____ Specific Dollar Amount	
New Add Change Delete	Account 2 Information : Please Check Account # s to Ensure Accuracy	
Checking Savings	Routing #:	
	Account #:	
Account 2 Deposit Instructions:	Entire Net Pay _____ % Net Amount \$_____ Specific Dollar Amount	
New Add Change Delete	Account 3 Information : Please Check Account # s to Ensure Accuracy	
Checking Savings	Routing #:	
	Account #:	
Account 3: Please Note Entire Net Pay Balance will be Deposited to this Account		



*** Attach Voided Check Here ***

Or as separate page to confirm accuracy of direct deposit enrollment

I hereby authorize and request Choice Payroll Services, Inc to make payment of any amounts owing to me by initiating credit entries to my accounts indicated above in the bank named above, and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account(s) indicated above and the depository named below, hereinafter called depository, to credit and/or debit the same to such account. This Authority is to remain in full force and effect until company has received written notification from me of its termination in such time and in such manner as to afford company and depository a reasonable opportunity to act on it.

I recognize, acknowledge, and accept that this service is being provided for my convenience. As such, I agree to hold the company, Choice Payroll Services, Inc., each participating bank and NACHA harmless from any claim incident to the operation of this plan, arising from any act or omission by the company or Choice Payroll Services, Inc., their employees, including, without limitation, any claim based on alleged loss as a result of any non-credit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any of his debits because of insufficient funds arising from the failure to credit deposits to his/her account.

Signature: _____

Date: _____