



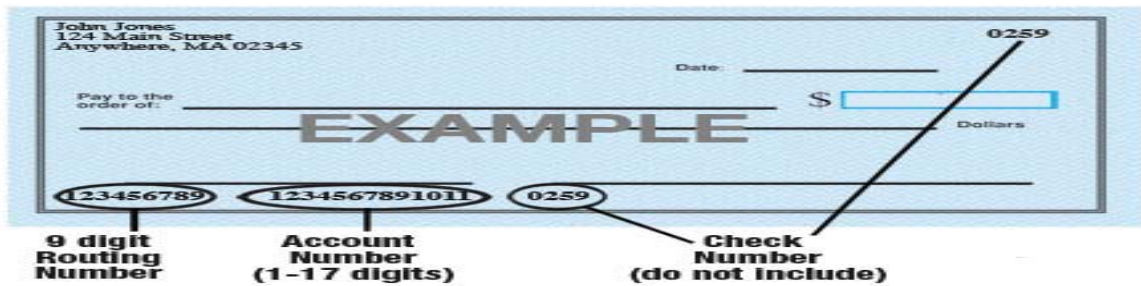
Direct Deposit Authorization Form

Please print and complete ALL the information below for each applicable account.

Name: _____

Address: _____

City, State, Zip: _____



ACCOUNT #1

Name of Bank: _____ 9-Digit Routing #: _____

Type of Account: _____

Account #: _____

Amount: \$ _____ OR _____%

ACCOUNT #2

Name of Bank: _____ 9-Digit Routing #: _____

Type of Account: _____

Account #: _____

Amount: \$ _____ OR _____%

Integrity HR Management, LLC is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____